FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000019666

1. Corporation Name

D & R Welding & Maintenance, Inc.
c/o MBS, Inc.
P. O. Box 10189; Brooksville, FL 34603-0189

Principal Place of Business	Mailing Address
27446 Coleman Lane Brooksville, FL 34601	c/o MBS, Inc. P. O. Box 10189 Brooksville, FL 34603-0189

3. Date Incorporated or Qualified: 3/4/96
3a. Date of Last Report:

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-3363803 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

Donnie L. Cannon
26381 Soult Road
Brooksville, FL 34601

10. Name and Address of New Registered Agent

81 Name: Donald Ray Cannon
82 Street Address (P.O. Box Number is Not Acceptable): 27446 Coleman Lane
83
84 City: Brooksville, FL 85 Zip Code: 34601

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Donald Ray Cannon — 3/21/97
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	Donald Ray Cannon		12 NAME		
STREET ADDRESS	27446 Coleman Lane		13 STREET ADDRESS		
CITY-ST-ZIP	Brooksville, FL 34601		14 CITY-ST-ZIP		
TITLE	VP/D	☐ DELETE	21 TITLE		☐ Change ☒ Addition
NAME	Barbara A. Cannon		22 NAME		
STREET ADDRESS	27446 Coleman Lane		23 STREET ADDRESS		
CITY-ST-ZIP	Brooksville, FL 34601		24 CITY-ST-ZIP		
TITLE	S/T/	☐ DELETE	31 TITLE		☐ Change ☒ Addition
NAME	Greg K. Myers		32 NAME		
STREET ADDRESS	P. O. Box 10189		33 STREET ADDRESS	12561 Harken Street	
CITY-ST-ZIP	Brooksville, FL 34603-0189		34 CITY-ST-ZIP	Brooksville, FL 34613	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☒ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	Donnie L. Cannon		52 NAME		
STREET ADDRESS	26381 Soult Road		53 STREET ADDRESS		
CITY-ST-ZIP	Brooksville, FL 34601		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

RKW 5-30-97

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CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 3/21/97 (352) 544-0024
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)