Apr 23, 1999 8:00 am Secretary of State

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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600050482

1. Corporation Name

DAVID'S WELDING SERVICE, INC.

Principal Place of Business (Mailing Address							***************************************	16116 (161 166)
1251 S.W. 86TH AVE OKEECHOBEE FL 34974. US		O	1251 S.W. 86TH AVE. OKEECHOBEE FL 34974 US			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 06/12/1996		
Principal Place of Business 2a. Mailing Address					4. FEI Number	_ 	plied For	
21		26				65-0713452		t Applicable
Suite, Apt.	#, etc.	- 27	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 / Fee Re	ſ
City & State	е .	28	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	- 1
Zip	Country		Zip	Country		8. This corporation owes the current year Intar	ngible	
24	25	29	[30		Totochar Fieberty Tax.	Yes	□No
	9. Name and Address of Curre	nt Regi:	stered Agent			10. Name and Address of New Registered A	gent	
	•			- 81	Name 🔨	AVIDGBALADEZ JR		•
BALADEZ, DAVID G JR				82		ress (P.O. Box Number is Not Acceptable)		
ા⊇ ાં 4 3670	NW 8TH AVE			02	1251			
OKE	ECHOBEE FL 34972			83	<u> </u>		#1, F1	Salatan Baran Salat
				84	City	The second secon		Code
					OK	eecho BGE FL	3	4974
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Flori	ida. Such change was au	ithorized by	-named corporation	oration submits this statement for the purpose of con's board of directors. I hereby accept the appoint	hanging its ment as re	registered gistered
SIGNATURE								
	Signature, typed or printed name of registered ago				t signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIDECTO	DOC IN 10
12.	OFFICERS A	ND DIR		13.			Change	Addition
TITLE	D		☐ DELETE	1.1 TITLE			[] Guange	
NAME	BALADEZ, DAVID G JR			1.2 NAME	}			
STREET ADDRESS	1251 S.W. 86TH AVE.			1.3 STREET		•		
CITY-ST-ZIP	OKEECHOBEE FL			1,4 CITY-S1	-ZIP			T Addison
TITLE			☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREET	ADDRESS			
CITY-ST-ZIP			<u></u>	2. 4 CITY-S	T-ZIP			
TITLE		-	☐ DELETE	3.1 TITLE	- -	· - · · ·	☐ Change	☐ Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP	_			3.4. CITY-S	T-ZIP			
TITLE			☐ DELETE	4.1 TITLE			Change	Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADORESS			
CITY-ST-ZIP				4.4 CITY-ST	-ZIP			
TITLE			☐ DELETE	5.1 TITLE			Change	Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			
				5.4 CITY-ST	1			
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TITLE			Change	Addition
MANE			_ >+	62 NAME				_ "

14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP