

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 07 1997 8:00am
Secretary of State

DOCUMENT # P96000057056 (9)

1. Corporation Name
REED'S WELDING, INC.

Principal Place of Business
13591 N MAIN ST
JACKSONVILLE FL 32218

Mailing Address
13591 N MAIN ST
JACKSONVILLE FL 32218-2709



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
07/03/1996

3a. Date of Last Report
N/A

4. FEI Number

59-3396725

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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

MOODY, C. GARY
500 E UNIVERSITY AVE SUITE A
GAINESVILLE FL 32602-2759

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(See above typeset or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
DEINZER, ROBERT R
1512 MENLO AVE
JACKSONVILLE FL 32218

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DELETE

TITLE
NAME
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CITY- ST- ZIP
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TITLE
NAME
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CITY- ST- ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP
Change ☐ Addition ☐

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP
Change ☐ Addition ☐

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP
Change ☐ Addition ☐

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP
Change ☐ Addition ☐

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP
Change ☐ Addition ☐

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP
Change ☐ Addition ☐

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/96)