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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000057056 (9)

REED'S WELDING, INC.

JACKSONVILLE FL 32218

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

Zip

21

22

24

Principal Place of Business Ma 13591 N MAIN ST 1

Country

9. Name and Address of Current Registered Agent

25

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

29

13591 N MAIN ST JACKSONVILLE FL 32218

FILED Jan 26 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the currentyear Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Ves

Not Applicable

 Date Incorporated or Qualified 07/03/1996

59-3396725

5. Certificate of Status Desired

Election Campaign Financing Trust Fund Contribution

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

4. FEI Number

MOODY, C. GARY 500 E UNIVERSITY AVE SUITE A GAINESVILLE FL 32602-2759			81	Name	Name				
			82	Street Address (P.O. Box Number is Not Acceptable)					
G/	AINESVILLE PL 32602-2/59		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 Signature, hyped or printed name of registered agent and litle if applicable. (NOTE. Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIRECTOR		13.	- Congression	ADDITIONS/CHANGES TO OFFICERS AN	DIREC	TORS IN	12	
TITLE	D	DELETE	1.1 TITLE			Char	ge 🔲	Addition	
NAME .	DEINZER, ROBERT R		1.2 NAME					- 13	
STREET ADDRESS	1512 MENLO AVE	1.3		ADDRESS				18	
CITY-ST-ZIP	JACKSONVILLE FL 32218	_	1.4 CITY-S	r-zip				1	
TITLE		DELETE	2.1 TITLE			Chan	ge 🔲	Addition C	
NAME			2.2 NAME					1	
STREET ADDRESS			2.3 STREET	ADDRESS					
CITY-ST-ZIP			2. 4 CITY - S	T-ZIP					
TITLE		DELETE	3.1 TITLE			Chan	ge 🗔	Addition	
NAME			3.2 NAME					- 1	
STREET ADDRESS			3.3 STREET	address				- 1	
CITY-ST-ZIP			3.4. CITY - 9	T-ZIP					
TITLE		☐ DELETE	4.1 TITLE			Chan	ge 🔲	Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	r-zip					
TITLE		☐ DELETE	5.1 TITLE			Chan	ge 🔲	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	address				- 1	
CITY-ST-ZIP			5.4 CITY-5	- <u>2</u> 1P					
TETLE		DELETE	6,1 TITLE			Chan	ge 🔲	Addition	
NAME			6.2 NAME	ļ				Ì	
STREET ADORESS			6.3 STREET	ADDRESS				1	
CITY-ST-ZIP			6.4 CITY-S	- ZIP					
14. I hereby certify that the information supplied with this filling 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 of trystee empowered to execute this report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of on an attachment with an address.									

Country