

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

**FILED**

**Apr 14 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 # P96000069301 (5)**

1. Corporation Name  
**GATOR WELD SUPPLY, INC.**



Principal Place of Business: **5413 BLUE CORAL WAY NEW PORT RICHEY FL 34852**

Mailing Address: **POST OFFICE BOX 5566 HUDSON FL 34674-5566**

3. Date Incorporated or Qualified: **08/20/1986**

3a. Date of Last Report

2. Principal Place of Business

21. Suite Apt. #, etc

22. City & State

23. Zip Country

24. 25. 29. 30.

2a. Mailing Address

26. 5413 Blue Coral Way

27. Suite, Apt. #, etc.

28. New Port Richey, FL

29. 34652

30. U.S.A.

4. FEI Number: **59-340073**

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

**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81. Name: **Ingrid Brown**

82. Street Address (P.O. Box Number is Not Acceptable): **5413 Blue Coral Way**

83.

84. City: **New Port Richey FL**

85. Zip Code: **34652**

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: *Ingrid Brown* *Ingrid Brown* **4-9-97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE: **PD**  DELETE

NAME: **BROWN, LESLIE B**

STREET ADDRESS: **5413 BLUE CORAL WAY**

CITY-ST-ZIP: **NEW PORT RICHEY FL 34852**

TITLE: **SD**  DELETE

NAME: **BROWN, JEFFREY C**

STREET ADDRESS: **5413 BLUE CORAL WAY**

CITY-ST-ZIP: **NEW PORT RICHEY FL 34852**

TITLE: **TD**  DELETE

NAME: **BROWN, INGRID A**

STREET ADDRESS: **5413 BLUE CORAL WAY**

CITY-ST-ZIP: **NEW PORT RICHEY FL 34852**

TITLE:  DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE:  DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE:  DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE:  Change  Addition

1.2 NAME:

1.3 STREET ADDRESS:

1.4 CITY-ST-ZIP:

2.1 TITLE:  Change  Addition

2.2 NAME:

2.3 STREET ADDRESS:

2.4 CITY-ST-ZIP:

3.1 TITLE:  Change  Addition

3.2 NAME:

3.3 STREET ADDRESS:

3.4 CITY-ST-ZIP:

4.1 TITLE:  Change  Addition

4.2 NAME:

4.3 STREET ADDRESS:

4.4 CITY-ST-ZIP:

5.1 TITLE:  Change  Addition

5.2 NAME:

5.3 STREET ADDRESS:

5.4 CITY-ST-ZIP:

6.1 TITLE:  Change  Addition

6.2 NAME:

6.3 STREET ADDRESS:

6.4 CITY-ST-ZIP:

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: *Ingrid Brown* **4-9-97** **813-845-1906**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)