

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

FILED

Jun 19 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 # P96000085598 (6)

1. Corporation Name

SUPERIOR WELDING & INDUSTRIAL SUPPLY CO.

Principal Place of Business

6960 NW 186TH ST
SUITE #430
HIALEAH FL 33015

Mailing Address

6960 NW 186TH ST
SUITE #430
HIALEAH FL 33015-3209

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
P.O. Box #171443

27 City & State

28 Hialeah FL

29 Zip

30 33017

31 Country

32 USA

3. Date Incorporated or Qualified

10/14/1996

3a. Date of Last Report

NA

4. FCI Number

65-070-6368

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

JOHNSON, KIRK D
6960 NW 186TH ST
SUITE #430
HIALEAH FL 33015

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 607.1608, 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 607.0504, Florida Statutes.

SIGNATURE

Signature, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/12/97

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT - SEC. TREAS. ☐ Change ☒ Addition

1.2 NAME KIRK D. JOHNSON

1.3 STREET ADDRESS 6960 NW 186TH ST #430

1.4 CITY-ST-ZIP HIALEAH FL 33015

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition

2.2 NAME WILLIAM H. JOHNSON

2.3 STREET ADDRESS 920 LAKESIDE AVE SOUTH

2.4 CITY-ST-ZIP SEATTLE, WASH 98144

3.1 TITLE SECRETARY ☐ Change ☒ Addition

3.2 NAME LEROY GOULSBY, SR.

3.3 STREET ADDRESS 2436 EDGEMONT

3.4 CITY-ST-ZIP UNIVERSITY HEIGHTS, OH 44118

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME SHIRLEY HARRISON

4.3 STREET ADDRESS 630 WEST FIRST #24K

4.4 CITY-ST-ZIP NEW YORK, NY 10010

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME GORDA ABERNATHY

5.3 STREET ADDRESS 3099 N. 75TH STREET

5.4 CITY-ST-ZIP MILWAUKEE, WI 53223

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

Kirk D. Johnson

3/12/97

305-819-1566

CR2E034 (9/96)