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 # P96000086682

1. Corporation Name

S S S WELDERS, INC.

Principal Place of Business	Mailing Address
11105 AIRPORT DRIVE SEBASTIAN FL 32958 US	P.O. BOX 92 ROSELAND FL 32957 US

3. Date Incorporated or Qualifed
10/18/1996

2. Principal Place of Business
21 664 BAYHARBOR TERR.
Suite, Apt. #, etc.
22 SEBASTIAN
City & State
23 FLORIDA
Zip 24 32958   Country 25 USA

2a. Mailing Address
26 SAME AS ABOVE
Suite, Apt. #, etc. 27
City & State 28
Zip 29   Country 30

4. FEI Number 65-0713315   Applied For / Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KENNEY, MICHAEL ALLEN
11105 AIRPORT DRIVE
SEBASTIAN FL 32958

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 664 BAY HARBOR TERRACE
83
84 City SEBASTIAN   FL   85 Zip Code 32958

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	KENNEY, SANDY L		1.2 NAME		
STREET ADDRESS	11105 AIRPORT DRIVE		1.3 STREET ADDRESS	664 BAYHARBOR TERRACE	
CITY-ST-ZIP	SEBASTIAN FL		1.4 CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FINSTER, LEONARD A		2.2 NAME		
STREET ADDRESS	555 WIMBROW DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FINSTER, CONSTANCE E		3.2 NAME		
STREET ADDRESS	555 WIMBROW DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL 32958		3.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	KENNEY, MICHAEL ALLEN		4.2 NAME		
STREET ADDRESS	11105 AIRPORT DRIVE		4.3 STREET ADDRESS	664 BAY HARBOR TERRACE	
CITY-ST-ZIP	SEBASTAIN FL		4.4 CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2F034 (11/98)

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.

SIGNATURE Sarah Kenney/SANDY KENNEY   4/8/99   561-388-4024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #