PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000091182

1. Corporation Name

HELI-ART WELDING, INC.

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90031 034 ***150.00



Principal Place	e of Business	Mailing Address				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
4399 SW CALA	H CIR	4399 SW CALAH CIR	4399 SW CALAH CIR						
PORT ST LUCK	E FL 34953	PORT ST LUCIE FL 34953			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated		31 ACE	
						11/01/1996	or Qualified		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-0710805			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					s Desired	\$8.7	5 Additional
22						5. Certifcate of Statu	s Desired	Fee	Required
City & Stat	e	City & State	City & State			6. Election Campaign	Financing	\$5.0	May Be
23		28				Trust Fund Contrit	oution	Adde	ed to Fees
Zip	Country	Zip Country				8. This corporation o	wes the current year Int	X-/-	
24	25	29				Personal Property Tax.			
	9. Name and Address of Curren	t Registered Agent		04	A1	10. Name and Addre	ss of New Registered	Agent	
VEN	T DATDICK			81	Name				
KENT, PATRICK 4399 SW CALAH CIR				82	Street Add	ress (P.O. Box Number is	Not Acceptable)		
	T ST LUCIE FL 34953								
run	1 31 LUCIE FL 34833			83					
				84	City		FL	85 Z	ip Code
44 . D	to the provisions of Sections 607.050	2 and 607 4509 Elorida Statut	toe the al	hove	named corr	poration submits this state		changing	its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	uthorized	i by ti	he corporati	on's board of directors. I I	nereby accept the appoin	ntment as	registered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Registered	Agent	signature require	ed when reinstating)	DATE		
12.		D DIRECTORS	13.				GES TO OFFICERS AN	ID DIREC	TORS IN 12
TITLE	D	☐ DELETE	1.1 TD	πE				Chang	ge Addition
NAME	KENT, PATRICK		1.2 NA	ME					i
STREET ADDRESS	4399 SW CALAH CIR		1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	PORT ST LUCIE FL 34953		1,4 CF	TY-ST-	-ZIP				
TITLE	V	☐ DELETE	2.1 ∰	TLE				Chang	ge Addition
NAME	KENT, DIANE		2.2 NA	ME					
STREET ADDRESS	4399 SW CALAH CIR		2.3 ST	REET	ADDRESS				
CITY-ST-ZIP	PORT ST LUCIE FL		2. 4 C	ITY-ST	-ZiP				
TITLE	T	☐ DELETE	3.1 TT	πE				Chang	ge 🗌 Addition
NAME	KENT, DIANE		3 2 NA	AME					ł
STREET ADDRESS	4399 SW CALAH CIR		3.3 ST	REET	ADDRESS				
CITY-ST-ZIP	PT ST LUCIE FL		3.4. CI	ITY-ST	- ZIP				
TITLE		☐ DELETE	4.1∙∏	TLE				Chang	ge
NAME			4. 2 N	AME	}				ļ
STREET ADDRESS			4.3 ST	REET.	ADDRESS				
CITY-ST-ZIP			4.4 CF	TY-ST	-ZIP				
TITLE		☐ DELETE	5.1 111					☐ Chan	ge Addition
NAME			5.2 NA	AME.					
STREET ADDRESS			5.3 ST	REET	ADDRESS				į
CITY-ST-ZIP			5.4 CI	TY-ST	- ZIP				
TITLE		☐ DELETE	6.1 111	πE				Chang	ge
NAME			6.2 NA	AME.					1
STREET ADDRESS			6.3 ST	REET	ADDRESS				ļ
CITY OF 7/0			64 CI	TY-ST-	-ZIP				Ì

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: 🔨