

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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90122 016 ***150.00

DOCUMENT # P97000012223

1. Corporation Name

GRAHAMS WELDING & FABRICATION, INC.



Principal Place of Business

200 HUGHES STREET N.W.
FORT WALTON BEACH FL 32548

Mailing Address

200 HUGHES STREET N.W.
FORT WALTON BEACH FL 32548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1997

4. FEI Number

59-3424977

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

2. Principal Place of Business

21 1128 B HOSPITAL RD

Suite, Apt. #, etc.

22 City & State

23 FORT WALTON BEACH, FL

Zip Country

24 32547 25 OKALOOSA

2a. Mailing Address

26 622 FAIRWAY AVE NE

Suite, Apt. #, etc.

27 City & State

28 FORT WALTON BEACH, FL

Zip Country

29 32547-1708 30 OKALOOSA

9. Name and Address of Current Registered Agent

GRAHAM, CHARLES F
200 HUGHES STREET N.W.
FORT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name

CHARLES F. GRAHAM

82 Street Address (P.O. Box Number is Not Acceptable)

622 FAIRWAY AVE NE

83

84 City

FORT WALTON BEACH

FL

85 Zip Code

32547-1708

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

Charles F. Graham
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/99

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PD
STREET ADDRESS GRAHAM, CHARLES F
CITY-ST-ZIP 200 HUGHES STREET N.W.
FORT WALTON BEACH FL 32548

TITLE ☐ DELETE
NAME STD
STREET ADDRESS GRAHAM, TERESA A
CITY-ST-ZIP 200 HUGHES STREET N.W.
FORT WALTON BEACH FL 32548

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 622 FAIRWAY AVE NE
1.4 CITY-ST-ZIP FORT WALTON BEACH FL 32547-1708

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 622 FAIRWAY AVE NE
2.4 CITY-ST-ZIP FORT WALTON BEACH FL 32547-1708

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 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:

Charles F. Graham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99

Date

850-314-6669

Daytime Phone #

0538689

CR2E034 (1/98)