PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000072416

1. Corporation Name

NAVARRE WELDING, INC.

Principal Place of Business

Mailing Address

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90071 015 ***150.00



2727 GREENTHREE ROAD NAVARRE FL 32566		2727 GREENTHREE ROAD NAVARRE FL 32566			DO NOT WRI	re in This	SPACE	<u>.</u>			
						3. Date Incorporated or Qualifed 08/20/1997					
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	1			Applied For	
21		26			59-34751 <u>36</u>	Not Applicable					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	¬			5. Certifcate of Status Desired		\$8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing		\$5	:00-N	lay Be	
23		28	<u> </u>			Trust Fund Contribution	Contribution Added to Fees				
Zip	Country	Zip	Zip Country			8. This corporation owes the curr	ent year Inta		_	_	
24	25	29	30			Personal Property Tax. Yes No					
	9. Name and Address of Current	Registered Agent		<u> </u>		10. Name and Address of New F	legistered .	4gent	_		
				81	Name					ĺ	
	ese, fredrick Greenthree road					Address (P.O. Box Number is Not Accepte	ress (P.O. Box Number is Not Acceptable)				
NAV/	ARRE FL 32566					, the state of the	-				
				<u>_</u>	<u> </u>			las i	Zin C		
			_	84	City		FL	85	Zip Co	ode	
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	n Fiorida Such change w	as autnorize	u by	rue como	corporation submits this statement for the oration's board of directors. I hereby accep	purpose of t the appoin	changii ntment	ng its r as regi	egistered istered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Registere	d Agen	it signature n	equired when reinstating)	DATE				
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN				
TITLE	P	☐ DELETI	☐ DELETE 1.1 TI					i Ch.	ange	☐ Addition	
NAME	Breese, Fredrick	1.2 N		1.2 NAME							
STREET ADDRESS	ess 2727 GREENTHREE ROAD		1.3 \$	1.3 STREET ADDRESS							
CITY-ST-ZIP	NAVARRE FL 32566		1.4 0	1.4 CITY-ST-ZIP			_				
TITLE	ST □ DELETE 2.1 T		2.1 TITLE				☐ Ch	ange	☐ Addition		
NAME	BREESE, JOANN 221		2.2 NAME								
STREET ADDRESS	2727 GREENTHREE ROAD		2.3 \$	TREET	FADORESS					' '	
CITY-ST-ZIP	NAVARRE FL 32566		2.40	CITY-\$	π-ZIP		_				
TITLE	V DELETE 31T		IILE _				_[] Ch	ange ==	- Addition		
- NAME	BREESE; JODY 32N		IAME								
STREET ADDRESS	2727 GREENTHREE ROAD		3.3 S	TREET	FADDRESS						
CITY-ST-ZIP	NAVARRE FL 32566 3.4.		3.4. CITY-ST-ZIP								
TITLE		☐ DELET	E 4.1 T	TLE				Ch	ange	☐ Addition	
NAME			4.21	NAME	ļ						
STREET ADDRESS			4.3 S	TREET	TADORESS						
City-St-zip			4.4 C		T-ZIP						
TITLE		DELET	E 5.1 T	ITLE				Ch	ange	Addition	
NAME			5.2 N	IAME							
STREET ADDRESS			5.3 S	TREET	TADDRESS					Į	
CITY-ST-ZIP			5.4 0	ITY-S	r-zip						
TITLE	-	☐ DELET	E 6.17	ITLE				Ch	ange	☐ Addition	

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, op on an attachment with an address, with all other like empowered.

6.2 NAME

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #