SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

APPROVED AND FILED 10 13

98 JUL 14 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000083961 (7)

1. Corporation Name
SCHAEFFER WELDING SERVICES, INC.

Principal Place of Business	Mailing Address
14305 LAKE MARY JANE ROAD ORLANDO FL 32832	14305 LAKE MARY JANE ROAD ORLANDO FL 32832

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1997

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

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

4. FEI Number: 65-0782719 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHAEFFER, STEVEN M
14305 LAKE MARY JANE ROAD
ORLANDO FL 32832

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 607.1508, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHAEFFER, STEVEN M 14305 LAKE MARY JANE ROAD ORLANDO FL 32832	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	300002592393--6 -07/17/98--01094--004 ****150.00 ****150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	7-15-98	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ 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, or on an attachment with an address.

SIGNATURE: Steven Schaeffer 7-1-98 407-2819026

CR2E034 (5/98)

19____ BE SURE TO DEDUCT ANY PER ITEM CHARGES, SERVICE CHARGES, OR FEES THAT MAY APPLY.

DATE		NUMBER	TRANSACTION DESCRIPTION	(+ OR −) OTHER	✓ T	(+) AMOUNT OF DEPOSIT	(−) AMOUNT OF PAYMENT OR WITHDRAWAL	BALANCE
								2767.91
12	15	1027	Sheree Schaeffer other ½ of Expense New Holland Down Pyt		X		1000.00	1767.91
12	15	1028	Sheree Schaeffer Reimb for Welder		X		750.00	1017.91
11	28	—	Monthly Maintenance fee NOV		X		15.00	1002.91
12	19	—	Perfect! Balance check!		X			
12	19	1029	SunTrust - Tax Deposit 4th Quarter Form 941		X		795.48	207.43
1	7	—	Deposit		X	440.00		647.43
12	19	1030	Jimmy Richardson net pmt full gang Gross 312.00 wk ending 12/13/97		X		254.60	392.83
1	10	1031	New Holland loan D Jan 16		X		292.51	100.32
1	10	1032	BellSouth Mob D 1/27 cell ph		X		32.17	68.15
1	15	—	Deposit		X	3485.00		3553.15
1	16	1033	Holox 2657234 162.11 - 2703219 15.90 - 2623582 19.72 2715879 82.69		X		280.42	3272.73
1	16	1034	Suntrust MC charges from 11-13 → 12-9 D 1/3 no min req		X		1275.90	1996.83
1	19	1035	Suntrust MC charges from 12/13 → 1/7 D 2/3		X		903.75	1093.05
1	21	1036	Jimmy Richardson - TORCH HEAD		X		100.00	993.05
2	2	1037	Holox 2790264, 2761829		X		72.51	920.54
2	4	1038	New Holland loan Due 2/16		X		292.51	628.03
2	10	—	Deposit		X	2490.00		3118.03
2	10	1039	Bell South Mobility cell phone		X		39.42	3078.61
2	10	1040	Micheal Colin - metal Shear		X		1800.00	1278.61
2	14	1041	Holox Nov 36.61 2647052 Dec 31.45 2745332 Jan 22.68 2844625 25.06 2857129		X		119.80	1158.81
2	14	1042	Holox 2722338		X		41.08	1117.73
2	14	1043	Dept of State for Corporation Profit Annual Report				150.00	967.73

REMEMBER TO RECORD ALL DEPOSITS AND WITHDRAWALS AS WELL AS PRE-AUTHORIZED TRANSACTIONS.

⑆063102152⑆0705705612080⑈ 1079

3043

SUNTRUST BANK, CENTRAL FLORIDA, NA
SOUTH 436/LAKE MARGARET OFFICE -0705
P O BOX 628096
ORLANDO, FL 32897

83/E00/0215/17
0705705612080

SUNTRUST

Account Statement

Ck #1043 didn't clear 98

SCHAEFFER WELDING SERVICES INC
14305 E LAKE MARY JANE RD
ORLANDO FL 32832-6224

Questions? Please call
407-839-4786

PLANNING FOR YOUR FUTURE? THE ROTH IRA IS THE NEW RETIREMENT INVESTMENT ALTERNATIVE NOW AVAILABLE THROUGH SUNTRUST. A LOT HAS CHANGED ABOUT IRAS, SO ASK US, AND FIND OUT ABOUT THE NEW TAX-FREE OPTIONS - A GREAT BENEFIT FOR SAVING FOR RETIREMENT.

Statement Summary

Account Type	Account Number	Statement Period	Taxpayer ID
BASIC BUSINESS CHECKING	0705705612080	03/01/1998 - 03/31/1998	65-0782719

Description	Amount	Description	Amount
Beginning Balance	$1,067.16	Average Balance	$1,422.89
Deposits/Credits	$1,975.00	Average Collected Balance	$1,168.05
Checks	$2,729.63	Number of Days in Statement Period	31
Withdrawals/Debits	$31.54		
Ending Balance	$280.99		

Deposits/Credits

Date	Amount	Serial #		Date	Amount	Serial #
03/05	1,975.00		DEPOSIT			

Deposits/Credits: 1 Total Items Deposited: 1

Checks

Check Number	Amount	Date Paid	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid
1044	42.00	03/12	1050	126.02	03/12	1056	63.10	03/25
1045	88.63	03/06	1051	292.51	03/23	1057	99.10	03/25
1046	26.11	03/06	1052	520.00	03/18	1058	240.00	03/23
1047	88.11	03/20	1053	39.22	03/26	1059	47.70	03/26
1048	448.63	03/04	1054	42.00	03/25	1060	158.07	03/23
1049	158.69	03/06	1055	249.34	03/23			

Checks: 17

Withdrawals/Debits

Date Paid	Amount	Serial #	Description
03/03	16.54		*IMPRINTED CHECK CHARGE* JHH CHECK ORDERS CK CHARGES
03/31	15.00		MONTHLY MAINTENANCE FEE

Withdrawals/Debits: 2

Balance Activity History

Date	Balance	Collected Balance	Date	Balance	Collected Balance
03/01	1,067.16	1,067.16	03/18	1,614.14	1,614.14
03/03	1,050.62	1,050.62	03/20	1,526.03	1,526.03
03/04	601.79	601.79	03/23	586.11	586.11
03/05	2,576.79	601.79	03/25	382.91	382.91
03/06	2,303.16	328.16	03/26	295.99	295.99
03/09	2,303.16	2,303.16	03/31	280.99	280.99
03/12	2,134.14	2,134.14			