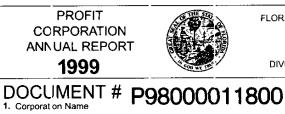
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

B & I WELDING, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90025 002 ***150.00



Principal Place	of Business							
4122 HWY 301 14122 HWY 301								
RIVERWIEW FL 33569		RIVERWIEW FL 33569			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualif	∌d		
					02/05/1998			
Principal Place of Business 2a. Mailing Address					4. FEI Number		Appl ed For	
1		26			59347559	9	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	-	\$8.75 A	dditional
2		27			5. Certificate of Status Desired		Fee Red	quired
City & State		City & State			6. Electior Campaign Financing \$5.00 May Be			Vay Be
3		28			Trust Fund Contribution		Added to	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the c	urrent year Int		
4	25	29	30		Personal Property Tax.		⊠Yes 1	E¶No
		d Address of Current Registered Agent			10. Name and Address of New Registered Agent			
				81 Name				
MCC	ullers, William e			00 00 10	O O Day March or in block Asset	entable)		
14122 HWY 301				82 Street Add	ess (P.O. Box Number is Not Acceptable)			
RIVE	RWIEW FL 33569			83				
				84 City		FI_	85 Zip C	cde
SIGNATURIE	Signature, typed or printed name of registered ag-	ent ; nd title if applicable. (NO	_ _ _	Agent signature requi		DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS # N		
TITLE	D	☐ DELETE	1 1 TI	TLE			☐ Change	☐ Addition
NAME	MCCULLERS, WILLIAM E		1.2 N/	AME				
STREET ADDRES S	14122 HWY 301		1.3 S1	TREET ADDRESS				
CITY-ST-ZIP	RIVERWIEW FL 33569		14 CI	TY-ST-ZIP				
TITLE		☐ DELETE	2.1 TI	TLE.			☐ Change	Addition Addition
NAME			2.2 N	AME				
STREET ADDRES S			23.51	TREET ADDRESS				
CITY-ST-ZIP			2.4 C	ITY-ST-ZIP				
TITLE		☐ DELETE	3.1 11	TLE			Change	Addition Addition
NAME			3.2 N	AME				
STREET ADDRES S			3.3 \$1	TREET ADDRESS				
CITY-ST-ZIP			3.4. C	ITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TI	TLE			Change	Addition Addition
NAME			4. 2 N	iAME				
STREET ADDRES S			4.3 ST	TREET ADDRESS				
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP				
TITLE		☐ DELETE	5.1 TI				Change	Addition
NAME			5.2 N/	AME.				
STREET ADDRESS			5.3 \$1	TREET ADDRESS				
CITY-ST-ZIP			5.4 CI	TY-ST-ZIP				
TITLE		☐ DELETE	6.1 TI	TLE			☐ Change	Addition
NAME .			62 N	AME				
STREET ADDRESS			6.3 ST	TREET ADDRESS				
OTTLET ABORES			64 C	TY-ST-ZIP				

14. Thereby certify that the information supplied with this filling 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 attach nent with an address, with a Lathey like empowered.

SIGNATURE: