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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90147 003 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000047368

1. Corporation Name
SOUTHERN WELDING & DESIGN, INC.



Principal Place of Business
11902 SW 11TH COURT
DAVIE FL 33325

Mailing Address
11902 SW 11TH COURT
DAVIE FL 33325

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1998

4. FEI Number

65-0840506

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 6021 SW 36TH CT

Suite, Apt. #, etc.

22 APT # B

City & State

23 DAVIE FL

Zip

24 33314

Country

25 BROWARD

2a. Mailing Address

26 6021 SW 36TH CT

Suite, Apt. #, etc.

27 APT B

City & State

28 DAVIE FL

Zip

29 33314

Country

30 BROWARD

9. Name and Address of Current Registered Agent

RILEY, KIMBERLY
11902 SW 11TH COURT
DAVIE FL 33325

10. Name and Address of New Registered Agent

81 Name

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

6021 SW 36TH CT APT B

83

84 City

DAVIE

FL

85 Zip Code

33314

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: Kimberly S. Riley, President

4-30-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME RILEY, KIMBERLY
STREET ADDRESS 11902 SW 11TH COURT
CITY-ST-ZIP DAVIE FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P/SIT
1.2 NAME RILEY, KIMBERLY
1.3 STREET ADDRESS 6021 SW 36TH CT
1.4 CITY-ST-ZIP DAVIE, FL 33314

2.1 TITLE VP
2.2 NAME O'NEILL, JOSEPH
2.3 STREET ADDRESS 6021 SW 36TH CT
2.4 CITY-ST-ZIP DAVIE, FL 33314

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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: Kimberly S. Riley, President

4-30-99

954-792-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0306551