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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S03746 (2)

1. Corporation Name

WELD-CO OF CENTRAL FLORIDA, INC.

Principal Place of Business

**5596 COMMERCIAL BLVD. NW
WINTER HAVEN FL 33880**

Mailing Address

**5596 COMMERCIAL BLVD. NW
WINTER HAVEN FL 33880**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1990

3a. Date of Last Report

05/01/1994

4. FET Number

59-3032480

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 has liability for intangible tax under S. 199.032,
Florida Statutes**

☐ Yes ☐ No

2. Principal Place of Business

21

State Apt. # etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

State Apt. # etc.

27

City & State

28

Zip

Country

29

City

30

Zip

9. Name and Address of Current Registered Agent

**PAGE, BARBARA J.
5596 COMMERCIAL BLVD NW
WINTER HAVEN FL 33881**

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 of Agent or Registered Agent)

(Signature of Registered Agent or Registered Agent)

(Signature of Registered Agent or Registered Agent)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD
NAME	PAGE, BARBARA J.
STREET ADDRESS	509 ARNESON AVENUE
CITY, ST, ZIP	AUBURDALE FL
TITLE	V
NAME	PAGE, MICHAEL L.
STREET ADDRESS	12750 BOBCAT TRAIL
CITY, ST, ZIP	CLERMONT FL
TITLE	SD
NAME	GIDDENS, NANCY L.
STREET ADDRESS	710 WARNER STREET
CITY, ST, ZIP	GROVELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.033(1)(b), Florida Statutes. I further certify that the information included 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 as an attachment with an address.

SIGNATURE:

Barbara J. Page
BARBARA J. PAGE

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

4/28/95

8/3/96 7-7188