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

Feb 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S37772 (8) CAMPBELL WELDING SUPPLY, INC. Principal Place of Business Mailing Address 112 MOSLEY DR. 112 MOSLEY DR. LYNN HAVEN FL 32444 LYNN HAVEN FL 32444 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/11/1991 4. FEI Number 2, Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 59-3052833 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name CAIN, NORMAN 1046 TECH DR 82 Street Address (P.O. Box Number is Not Acceptable) LYNN HAVEN FL 32444 83 84 City 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 (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 11 TITLE TITLE CAMPBELL, CHARLES D. 1.2 NAME NAME 3204 WOODVALLEY RD. STREET ADDRESS 1.3 STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE CAMPBELL, DEBORAH L. 22 NAME NAME STREET ADORESS 3204 WOODVALLEY RD. 23 STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CHTY #ST-2IP 34. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - 5T- ZIP DELETE Change Addition TITLE 5.1 TITLE 52 NAME NAME

14. Thereby 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 supplier ential 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 of the receiver or true of 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, givin an infinite mental annual report of the receiver of the re

61 TITLE

6.2 NAME

53 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

TITLE

NAME

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DELETE

ZE034 (10/97)

Change

Addition

FILED