FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jan 23 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S62010 (1)CUSTOM WELDING AND FABRICATION, INC. Principal Place of Business Mailing Address 2525 1/2 EAST MAIN STREET 2525 1/2 EAST MAIN STREET LAKELÁND FL 33801-2676 LAKELAND FL 33801-2676 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/01/1991 4. FEI Number 2. Principal Place of Business 21 364 Recke 2a. Mailing Address Applied For 364 26 59-3072203 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 22 27 Çity & State 6. Election Campaign Financing \$5.00 May Be Auburndo tuburn d Trust Fund Contribution Added to Fees Zip 8. This corporation owes or has paid the current year Intangible 33823-4675 30 Yes Yes ☐ No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HAMPTON, MICHAEL E. 2525 1/2 EAST MAIN STREET Street Address (P.O. Box Number is, Not Acceptable) 364 Recker Highway 82 LAKELAND FL 33801 Recker 83 City Auburndale 33823 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 DATE ature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change DELETE Addition TITLE DP 1.1 TITLE NAME HAMPTON, MICHAEL E. 1.2 NAME 5161 CAMBRY LN. STREET ADDRESS 1.3 STREET ADDRESS LAKELAND FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIF DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE 4.1 TITLE Change ☐ Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Addition TITLE 5.1 TITLE ☐ Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

DELETE

6.1 TITLE

6.2 NAME

UIRED

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)(f), 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 scene empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, for on an attachment with an address.

Change

Addition

100C

TITLE

NAME

STREET ADDRESS

SIGNATURE: