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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

FLORIDA DEPARTMENT OF STA

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V18358

(4)

ALL FLORIDA ERECTORS & WELDING, INC

		DING, INC.	-		
Principal Plac	e of Business	Mailing Address		7.2011 611021 111041 15152 11101 61161 1211	11811 01811 01811 E1811 E1811 01811 1801
	AL ELECTRIC RD	PO BOX 1883			
UNIT 2 APOPKA FL 32704-1883 PLYMOUTH FL 32788 US				DO NOT WRITE II	N THIS SPACE
US				3. Date Incorporated or Qualified	——————————————————————————————————————
				02/27/1992	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3111233	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		0, 001,1104,000	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	T		Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	
24	25 25 Name and Address of Curre	29	30	Personal Property Tax due June 3 10. Name and Address of New Regi	
		ut Heditreled Want	81 Name	10. Name and Address of New Regi	Stered Agent
	CKINGER, MARTIN A.		Name		
30037 N. HIGHWAY 435			82 Street Add	dress (P.O. Box Number is Not Acceptable	:)
so	ARENTO FL 32776		83	**************************************	
			83		
			84 City		85 Zip Code
				poration submits this statement for the pur	<u> FL </u>
SIGNATURE	Signature typed or printed name of registered as		IT Registered Agent signature requ	poralition's board of directors. I hereby accept accept (in the political state of the poli	DATE
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FLICKINGER, MARTIN A.		1.2 NAME		
STREET ADDRESS	30037 N. HIGHWAY 435		13 STREET ADDRESS		
CITY - ST - ZIP	SORRENTO FL 32776		1.4 CITY-ST-ZIP		
TITLE	ST	DELETE	21 TIFLE		☐ Change ☐ Addition
NAME	FLICKINGER, JENNIFER J		2.2 NAME		
STREET ADDRESS	30037 N. HIGHWAY 435		2.3 STREET ADDRESS		
CITY-ST-ZIP	SORRENTO FL 32776		2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		<u> </u>
STREET ADDRESS			3.3 STREET ADORESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TIFLE		DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		_	5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		_	6.2 NAME		•
			0 1 0 7 0 7 1 1 D D D C C C		

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 angular report or suppliemental 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 peculiar empowers to effect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if dragged, or on arrattachment with an address.

SIGNATURE:

4-15-98 407-880-3717

FILED

Apr 20 1998 8:00am

Secretary of State