

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000020971

**Entity Name:** AVERY'S MOBILE WELDING INC

**Current Principal Place of Business:**

37059 BROKEN BRIDGE RD  
HILLIARD, FL 32046

**Current Mailing Address:**

37059 BROKEN BRIDGE RD  
HILLIARD, FL 32046 UN

**FEI Number: 82-4622163**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

AVERY, KIMBERLY G  
37059 BROKEN BRIDGE ROAD  
HILLIARD, FL 32046 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name AVERY, ROBERT K  
Address 37059 BROKEN BRIDGE ROAD  
City-State-Zip: HILLIARD FL 32046

Title VP  
Name AVERY, KIMBERLY G  
Address 37059 BROKEN BRIDGE ROAD  
City-State-Zip: HILLIARD FL 32046

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT AVERY**

**PRESIDENT**

**05/01/2019**

Electronic Signature of Signing Officer/Director Detail

Date