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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:58

DOCUMENT # **613747** (5)

1. Corporation Name
WELBRO CONSTRUCTORS, INC.

Principal Place of Business	Mailing Address
1065 RAINER DR PO BOX 160007 ALTAMONTE SPRINGS FL 32714	1065 RAINER DR PO BOX 160007 ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/21/1979	3a. Date of Last Report 02/24/1994
4. FEI Number 59-1942432	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suits, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

BROWN, GARY E
1065 RAINER DR
ALTAMONTE SPRGS FL 32714

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____
Signature: typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	BROWN, GARY E
STREET ADDRESS	1065 RAINER DR
CITY, ST, ZIP	ALTAMONTE SPRINGS FL
TITLE	VD
NAME	VON WELLER, HAROLD J
STREET ADDRESS	1065 RAINER DR
CITY, ST, ZIP	ALTAMONTE SPRINGS FL
TITLE	VD
NAME	DAVIS, STEVEN S.
STREET ADDRESS	1065 RAINER DR
CITY, ST, ZIP	ALTAMONTE SPRINGS FL
TITLE	V
NAME	HOLMES, BRUCE E.
STREET ADDRESS	1065 RAINER DR
CITY, ST, ZIP	ALTAMONTE SPRINGS FL
TITLE	ST
NAME	PIPKORN, TIMOTHY G.
STREET ADDRESS	1065 RAINER DR
CITY, ST, ZIP	ALTAMONTE SPRINGS FL
TITLE	V
NAME	SCHRANK, EDWARD L.
STREET ADDRESS	1065 RAINER DR
CITY, ST, ZIP	ALTAMONTE SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	CHAIRMAN / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BROWN, GARY E.	
13 STREET ADDRESS	1065 RAINER DR.	
14 CITY, ST, ZIP	ALTAMONTE SPRINGS, FL	
21 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	ROGER D. JENNINGS	
23 STREET ADDRESS	1065 RAINER DR.	
24 CITY, ST, ZIP	ALTAMONTE SPRINGS, FL.	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 110.07(3)(b), 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 receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if change of office or appointment with an address.

SIGNATURE: *Timothy G. Pirkorn* **TIMOTHY G. PIKORN** 3/27/94 (407) 869-0621
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Date) (In New Years #)
SECRETARY/TROUBLEMAK