

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



FLOIDA DEPARTMENT OF STATE  
Sandra M. Mohr  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 613747 (5)**

1. Corporation Name  
**WELBRO CONSTRUCTORS, INC.**



Principal Place of Business  
**1065 RAINER DR  
PO BOX 16007  
ALTAMONTE SPRINGS FL 32714**

Mailing Address  
**1065 RAINER DR  
PO BOX 16007  
ALTAMONTE SPRINGS FL 32714**

3. Date incorporated or Qualified **03/21/1979** 3a. Date of Last Report **04/04/1995**

4. FEI Number **59-1942432** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

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  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 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 registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BROWN, GARY E	
STREET ADDRESS	1065 RAINER DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VON WELLER, HAROLD J	
STREET ADDRESS	1065 RAINER DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DAVIS, STEVEN S.	
STREET ADDRESS	1065 RAINER DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOLMES, BRUCE E.	
STREET ADDRESS	1065 RAINER DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	PIPKORN, TIMOTHY G.	
STREET ADDRESS	1065 RAINER DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHRANK, EDWARD L.	
STREET ADDRESS	1065 RAINER DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Roger D. Jennings	
13 STREET ADDRESS	1065 Rainer Drive	
14 CITY-ST-ZIP	Altamonte Springs FL	
21 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Robert W. Overton, Jr.	
23 STREET ADDRESS	1065 Rainer Drive	
24 CITY-ST-ZIP	Altamonte Springs, FL	
31 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	William G. Smith	
33 STREET ADDRESS	1065 Rainer Drive	
34 CITY-ST-ZIP	Altamonte Springs, FL	
41 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Thomas D. Woods	
43 STREET ADDRESS	1065 Rainer Drive	
44 CITY-ST-ZIP	Altamonte Springs, FL	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS	400001857314	
54 CITY-ST-ZIP	-06/11/96--01012--028	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS	***400.00	
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 119.07(3)(k) Florida Statute. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or by an attachment with an address.

SIGNATURE: Timothy G. Pipkorn **Timothy G. Pipkorn** 4/29/96 (407)869-0621  
Sec/Treas

CR2E034 (12/95)