

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

**FILED**  
**May 15 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # 613747 (5)**  
 1. Corporation Name  
**WELBRO CONSTRUCTORS, INC.**



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

Mailing Address  
**1065 RAINER DR  
 PO BOX 160007  
 ALTAMONTE SPRINGS FL 32714-3847**

3. Date Incorporated or Qualified **03/21/1979** 3a. Date of Last Report **05/01/1996**  
 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**  
 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 28 Zip Country 29 Zip Country 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  
 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 \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 IN 12

1A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1P NAME	
1B STREET ADDRESS	
1H CITY-ST-ZIP	
2A TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2P NAME	
2B STREET ADDRESS	
2.4 CITY-ST-ZIP	
3A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3P NAME	
3B STREET ADDRESS	
3.4 CITY-ST-ZIP	
4A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4B STREET ADDRESS	
4.4 CITY-ST-ZIP	
5A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5P NAME	
5B STREET ADDRESS	
5.4 CITY-ST-ZIP	
6A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6B STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby 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 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; 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 as an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (9/96)