

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

FILED

**May 08 1998 8:00am
Secretary of State**

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 180007 ALTAMONTE SPRINGS FL 32714 | Mailing Address 1065 RAINER DR PO BOX 180007 ALTAMONTE SPRINGS FL 32714 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|--------------------------|--------------------------|
| 2. Principal Place of Business 21 800 TRAFALGAR CT Suite, Apt. #, etc. 22 200 City & State 23 MAITLAND FL Zip 24 32751 | 2a. Mailing Address 26 800 TRAFALGAR CT Suite, Apt. #, etc. 27 200 City & State 28 MAITLAND FL Zip 29 32751 | Country 25 USA | Country 30 USA |
|---|--|--------------------------|--------------------------|

| | | | |
|---|---------------------------------------|---|--|
| 3. Date Incorporated or Qualified 03/21/1979 | 4. FEI Number 59-1942432 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent
**BROWN, GARY E
1065 RAINER DR
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

| | |
|---|------------------------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 800 TRAFALGAR CT #200 |
| 83 | |
| 84 City | MAITLAND, FL |
| 85 Zip Code | FL 32751 |

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. Each 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 **Gary E. Brown/CEO/Director** DATE **4/29/98**

Signature, typed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 | D | <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

| | |
|--------------------|--|
| 11 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | 800 TRAFALGAR CT #200 |
| 14 CITY-ST-ZIP | MAITLAND, FL 32751 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | 800 TRAFALGAR CT #200 |
| 2.4 CITY-ST-ZIP | MAITLAND, FL 32751 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | 800 TRAFALGAR CT #200 |
| 3.4 CITY-ST-ZIP | MAITLAND, FL 32751 |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | 800 TRAFALGAR CT #200 |
| 4.4 CITY-ST-ZIP | MAITLAND, FL 32751 |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | 800 TRAFALGAR CT #200 |
| 5.4 CITY-ST-ZIP | MAITLAND, FL 32751 |
| 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | 800 TRAFALGAR CT #200 |
| 6.4 CITY-ST-ZIP | MAITLAND, FL 32751 |

14. I hereby certify that the information submitted 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 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 on an attachment with an address.

Gary E. Brown **4/29/98** **(407)475-0800**

CR2E034 (10/97)