

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

FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G95321** (7)
1. Corporation Name
WELLER CONSTRUCTORS, INC.



Principal Place of Business 1821 SOUTH ORANGE BLOSSOM TRAIL APOPKA FL 32703	Mailing Address 1821 SOUTH ORANGE BLOSSOM TRAIL APOPKA FL 32703-7729
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3. Date Incorporated or Qualified 03/22/1984	3a. Date of Last Report 02/08/1996
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2. Principal Place of Business	2a. Mailing Address
21 1821 S. Orange Blossom Trail Apopka, Florida 32703	26 1821 S. Orange Blossom Trail Apopka, Florida 32703
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

4. FEI Number 59-2469864	Applied For 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	

9. Name and Address of Current Registered Agent HAROLD J. VON WELLER 1821 S ORANGE BLOSSOM TRAIL APOPKA FL 32703		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 _____ DATE _____
Sign, state, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VON WELLER, H. J., III	1.2 NAME	
STREET ADDRESS	1821 S ORANGE BLOSSOM TR	1.3 STREET ADDRESS	
CITY - ST - ZIP	APOPKA FL	1.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL GRANDE, JANE M.	2.2 NAME	
STREET ADDRESS	1821 S ORANGE BLOSSOM TR	2.3 STREET ADDRESS	
CITY - ST - ZIP	APOPKA FL	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OREN, JACK D.	3.2 NAME	
STREET ADDRESS	1821 S ORANGE BLOSSOM TR	3.3 STREET ADDRESS	
CITY - ST - ZIP	APOPKA FL	3.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUHELA, JOHN R	4.2 NAME	
STREET ADDRESS	1821 S, ORANGE BLOSSOM TRAIL	4.3 STREET ADDRESS	
CITY - ST - ZIP	APOPKA FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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.

SIGNATURE: *Jane M. Del Grande*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)