FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:46

DOCUMENT # L40132 (7)

1. Corporation Name
WALBRIDGE CONTRACTING, INC.

Principal Place of Business	Mailing Address
410 WARE BLVD., SUITE 900 TAMPA FL 33619	410 WARE BLVD., SUITE 900 TAMPA FL 33619

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/04/1990
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 65-0160996 ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☒ Addition
NAME	RAKOLTA, JOHN R.	1.2 NAME	Timothy Davis
STREET ADDRESS	613 ABBOTT ST	1.3 STREET ADDRESS	410 Ware Blvd. Suite 900
CITY-ST-ZIP	DETROIT MI	1.4 CITY-ST-ZIP	Tampa, FL 33619
TITLE	STVD	2.1 TITLE	☐ Change ☒ Addition
NAME	GARVEY, KEVIN R.	2.2 NAME	Jeffrey W. Lee
STREET ADDRESS	410 WARE BLVD STE 900	2.3 STREET ADDRESS	410 Ware Blvd. Suite 900
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33619
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	MCINTYRE, MICHAEL P	3.2 NAME	
STREET ADDRESS	410 WARE BLVD STE 900	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	☐ Change ☐ Addition
NAME	HALLER, RICHARD J	4.2 NAME	
STREET ADDRESS	613 ABBOTT ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	☐ Change ☐ Addition
NAME	EMPRIC, THOMAS W	5.2 NAME	
STREET ADDRESS	410 WARD BLVD / STE - 900	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HAUSMANN, RONALD L	6.2 NAME	
STREET ADDRESS	613 ABBOTT ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI 48226	6.4 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)(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: Thomas W. Empric Thomas W. Empric 2/7/95 (813) 622-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0209463 CP