FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L40132** **(7)**

1. Corporation Name
WALBRIDGE CONTRACTING, INC.

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

Mailing Address
410 WARE BLVD., SUITE 900
TAMPA FL 33619

3. Date Incorporated or Qualified: 01/04/1990
3a. Date of Last Report: 02/14/1995
4. FEI Number: 65-0160996 — Applied For / Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

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 607.0122 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 of a previously designated registered agent or the president or other officer of a new registered agent — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	RAKOLTA, JOHN R.	
STREET ADDRESS	613 ABBOTT ST	
CITY-ST-ZIP	DETROIT MI	
TITLE	STVD	☐ DELETE
NAME	GARVEY, KEVIN R.	
STREET ADDRESS	410 WARE BLVD STE 900	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	☐ DELETE
NAME	MCINTYRE, MICHAEL P	
STREET ADDRESS	410 WARE BLVD STE 900	
CITY-ST-ZIP	TAMPA FL	
TITLE	CD	☐ DELETE
NAME	HALLER, RICHARD J	
STREET ADDRESS	613 ABBOTT ST.	
CITY-ST-ZIP	DETROIT MI	
TITLE	PD	☐ DELETE
NAME	EMPRIC, THOMAS W	
STREET ADDRESS	410 WARD BLVD / STE - 900	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	HAUSMANN, RONALD L	
STREET ADDRESS	613 ABBOTT ST.	
CITY-ST-ZIP	DETROIT MI 48226	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	☐ Change ☒ Addition
1.2 NAME	Timothy Davis	
1.3 STREET ADDRESS	410 Ware Blvd., Suite 900	
1.4 CITY-ST-ZIP	Tampa, FL 33619	
2.1 TITLE	V	☐ Change ☒ Addition
2.2 NAME	Jeffrey W. Lee	
2.3 STREET ADDRESS	410 Ware Blvd., Suite 900	
2.4 CITY-ST-ZIP	Tampa, FL 33619	
3.1 TITLE	V	☐ Change ☒ Addition
3.2 NAME	Richard Marshall	
3.3 STREET ADDRESS	410 Ware Blvd., Suite 900	
3.4 CITY-ST-ZIP	Tampa, FL 33619	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: Kevin R. Garvey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96
Date

(813)622-8900
Daytime Phone #