

200.00 1-27-95 B-563-C
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 371923

(4)

1. Corporation Name

W.E.L. CONTRACTORS OF FLORIDA, INC.

Principal Place of Business

**672 PORT ST. LUCIE BLVD.
PORT ST LUCIE FL 34984**

Mailing Address

**672 PORT ST. LUCIE BLVD.
PORT ST LUCIE FL 34984**

FILED

95 JAN 27 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/27/1970

3a. Date of Last Report

07/14/1994

4. FET Number

59-1397329

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

2. Principal Place of Business

21 **Port St. Lucie City of P**

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **672 S.E. Port St. Lucie Blvd**

27

City & State

City & State

23 **Port St. Lucie FLA.**

28

Zip

Country

Zip

Country

24 **34984**

25 **St. Lucie**

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEACH, WAYNE E.
672 SE PT ST LUCIE BLVD
PT. ST. LUCIE FL 34984**

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 CEO if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **LEACH, WAYNE E**
STREET ADDRESS **672 SE PORT ST LUCIE BLV**
CITY-ST-ZIP **PT ST LUCIE FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PTS ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Remover from Corp.
Secretary/Treasurer ☒ Change ☐ Addition
JANE S. Leach
672 S.E. Port St Lucie Blvd
Port St Lucie FL 34984

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 110.07(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 my address.

SIGNATURE: **Wayne E Leach** **WAYNE E. LEACH** **1-20-95 (407)878-2568**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Typed or Printed Name)