

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

Mailing Address

PORT ST. LUCIE CITY OF
672 S.E. PORT ST. LUCIE BLVD
PORT ST LUCIE FL 34984
US

672 PORT ST. LUCIE BLVD
PORT ST LUCIE FL 34984

2. Principal Place of Business

2a. Mailing Address

21 Sub. Apt. #, etc.

26 Sub. Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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25

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9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

10/27/1970

3a. Date of Last Report

01/27/1995

4. FEI 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

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 607.0609 and 1107.1508, 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 607.0609, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96

1101 PD
NAME LEACH, WAYNE E
STREET ADDRESS 672 S.E. PORT ST LUCIE BLVD
CITY, ST, ZIP PORT ST LUCIE FL 34984
1102 ☐ DELETE
1103 NAME
STREET ADDRESS
CITY, ST, ZIP
1104 ☐ DELETE
1105 NAME
STREET ADDRESS
CITY, ST, ZIP
1106 ☐ DELETE
1107 NAME
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1109 NAME
STREET ADDRESS
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1110 ☐ DELETE
1111 NAME
STREET ADDRESS
CITY, ST, ZIP
1112 ☐ DELETE
1113 NAME
STREET ADDRESS
CITY, ST, ZIP
1114 ☐ DELETE
1115 NAME
STREET ADDRESS
CITY, ST, ZIP

1101 ☐ Change ☐ Addition
1102 NAME
1103 STREET ADDRESS
1104 CITY, ST, ZIP
1105 ☐ Change ☐ Addition
1106 NAME
1107 STREET ADDRESS
1108 CITY, ST, ZIP
1109 ☐ Change ☐ Addition
1110 NAME
1111 STREET ADDRESS
1112 CITY, ST, ZIP
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1118 NAME
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1120 CITY, ST, ZIP
1121 ☐ Change ☐ Addition
1122 NAME
1123 STREET ADDRESS
1124 CITY, ST, ZIP
1125 ☐ Change ☐ Addition
1126 NAME
1127 STREET ADDRESS
1128 CITY, ST, ZIP
1129 ☐ Change ☐ Addition
1130 NAME
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1192 CITY, ST, ZIP
1193 ☐ Change ☐ Addition
1194 NAME
1195 STREET ADDRESS
1196 CITY, ST, ZIP
1197 ☐ Change ☐ Addition
1198 NAME
1199 STREET ADDRESS
1200 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)(a), 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 change of, or change in, address.

SIGNATURE: Wayne E. Leach WAYNE E. LEACH JAN, 17-1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)