PROFIT 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 AUG -8 AM 4:20

DOCUMENT # 505169 (3)

1. Corporation Name

R. L. WELSH, INC.

Principal Place of Business	Mailing Address
120 SW 5 TH CT POMPANO BCH FL 33060 US	120 SW 5TH CT POMPANO BCH FL 33060 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/14/1976	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1677399	☐ 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 filed for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

ALEXANDER, VALLYE K.
461 SE 3RD TERRACE
POMPANO BCH FL 33441

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	TS	1.1 TITLE	☐ Change ☐ Addition
NAME	ALEXANDER, VALLYE K	1.2 NAME	
STREET ADDRESS	461 SE 3RD TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	ALEXANDER, CHARLES P	2.2 NAME	
STREET ADDRESS	461 SE 3RD TERR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	WELSH, RICHARD M	3.2 NAME	
STREET ADDRESS	160 SW 32ND TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	ALEXANDER, CHARLES P	4.2 NAME	
STREET ADDRESS	461 SE 3RD TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	PTD	5.1 TITLE	☒ Change ☐ Addition
NAME	WELSH, RICHARD L	5.2 NAME	DELETE
STREET ADDRESS	825 NE 5TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: Vallye K. Alexander 7/27/95 305-781-4167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026096 CP