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

APPROVED AND FILED

'95 MAR -3 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H60831 (5)

1. Corporation Name
WAL-MARK CONTRACTING GROUP, INC.

Principal Place of Business	Mailing Address
4901 W RIO VISTA AVE. TAMPA FL 33634-5339 US	4901 W RIO VISTA AVE. TAMPA FL 33634-5339 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/12/1985
3a. Date of Last Report: 03/29/1994

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 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2568906 ☐ 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	10. Name and Address of New Registered Agent
RUFF, TIMOTHY A. 4901 W. RIO VISTA AVE. TAMPA FL 33634	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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	1.1 TITLE		☐ Change ☒ Addition
NAME	WALRICH, ROBERT C.	1.2 NAME		
STREET ADDRESS	28899 HIDDEN TRAIL	1.3 STREET ADDRESS		
CITY-ST-ZIP	FARMINGTON HILLS MI	1.4 CITY-ST-ZIP		zip 48331-2984
TITLE	D	2.1 TITLE	D T	☒ Change ☒ Addition
NAME	MARKIEWICZ, JAMES	2.2 NAME		title zip
STREET ADDRESS	27982 COPPERCREEK LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	FARMINGTON HILLS MI	2.4 CITY-ST-ZIP		48331-2963
TITLE	P	3.1 TITLE		☐ Change ☒ Addition
NAME	RUFF, TIMOTHY A.	3.2 NAME		zip
STREET ADDRESS	4409 BEACH PARK DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP		33609-3701
TITLE	V	4.1 TITLE		☐ Change ☒ Addition
NAME	GORDON, R. DALE	4.2 NAME		zip
STREET ADDRESS	7314 KNIGHTS GRIFFIN RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP		33565-3624
TITLE	V	5.1 TITLE		☐ Change ☒ Addition
NAME	BEN R. THEBAUT III	5.2 NAME		
STREET ADDRESS	310 HAYES ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS, FL 32708-3506	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		

14. I 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 added by this report with my address.

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0001877 CP