

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90151 027 \*\*\*158.75

11/1/99

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **J16879**

1. Corporation Name  
**W.P.C. INDUSTRIAL CONTRACTORS, INC.**



Principal Place of Business: 11651 PHILLIPS HIGHWAY JACKSONVILLE FL 32256-1641  
 Mailing Address: 11651 PHILLIPS HIGHWAY JACKSONVILLE FL 32256-1641

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/28/1986**

4. FEI Number: **59-2677402** 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 owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business (21-23) and Mailing Address (24-26) fields with sub-fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**BELLOIT, JOHN G.**  
 11651 PHILLIPS HWY  
 JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent (81-85)  
 81 Name: **Jonathan Belloit**  
 82 Street Address (P.O. Box Number is Not Acceptable): **11651 Philips Hwy**  
 83  
 84 City: **Jacksonville FL** 85 Zip Code: **32256**

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: *Jonathan Belloit* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BELLOIT, JOHN G.	
STREET ADDRESS	11651 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BELLOIT, LOUQUITAS B.	
STREET ADDRESS	11651 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BELLOIT, JONATHAN	
STREET ADDRESS	11651 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GREENE, ROBERT E.	
STREET ADDRESS	11651 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Belloit, Jonathan	
1.3 STREET ADDRESS	11651 Philips Hwy	
1.4 CITY-ST-ZIP	Jacksonville, FL 32256	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Jonathan Belloit* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JONATHAN BELLOIT** 2/15/99 Date (904)268-0099 Daytime Phone #

CR2E034 (11/98)