

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
Tallahassee, FL 32399-0440, 9045

DOCUMENT # J98486 (0)

EDWARD M. WELLER CONSTRUCTION COMPANY

Principal Office Address

Mail Stop Address

5396 S.W. 80 ST
MIAMI FL 33143

P.O. BOX 430097
MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Dissolution 10/22/1987	3a. Date of Last Report 05/13/1994
4. FEI Number 65-0205071	Applied Fee Not Applicable
5. Certificate of Status Desired ☒ Yes ☐ No	\$8.75 Additional Fee Required
6. Director Campaign Expenses Paid and Contributions	\$5.00 May Be Added to Fees
8. This corporation has liability for retroactive tax under 5.009(1), Florida Statutes ☒ Yes ☐ No	

2. Principal Office Address 21. State Apt. # of	2b. Mailing Address 26. State Apt. # of
22. City, State	27. City, State
23. Zip	28. Zip
24. 25. 29. 30.	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WELLER, EDWARD M.
5396 S.W. 80 ST.
MIAMI FL 33143

81. Name	85. State
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.01 and 607.02, 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 of this firm.

SIGNATURE

Signature of the person who is registered agent of the corporation

Signature of the person who is registered agent of the corporation

Signature

12. OFFICER AND DIRECTOR	13. AGENT FOR SERVICE OF PROCESS
NAME WELLER, EDWARD M. 5396 S.W. 80 ST. ENUE MIAMI FL 33143	NAME [Blank]
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP

14. I, the undersigned, certify that the information requested on this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.01 and 607.02, Florida Statutes. I further certify that the information on this filing is true and correct to the best of my knowledge and belief and that my signature shall have the same legal effect as if made under oath. I understand that the information on this filing is subject to review by the Department of State and that my name appears on the public record of this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD M. WELLER
PRES.

4/28/95 3056661290