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

CORPORATION **ANNUAL REPORT** 1998 DOCUMENT #



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(8)

WILBRO JOINT VENTURES, INC.

Principal Place of Business	Mailing Addross
1200 GARVEY RD S.W. PALM BAY FL 32908	1200 GARVEY RO S.W. PALM BAY FL 32908

**FILED** May 19 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

i I					3. Date Incorporated or Qualified		
2 Principal Pr	lace of Business	2s. Mailing Address			<b>06/22/1989 4.</b> FEI Number	Applied For	
<del>                                     </del>		26	,		59-2957243	Not Applicable	
Suite, Apt.	#. etc	Suite, Apt. #, etc.				\$8.75 Additional	
22				5. Certificate of Status Desired	Fee Required		
City & State City & State					6. Election Campaign Financing	\$5.00 May Be	
28 28			, <u></u>		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid the c		
24	25	29	30		Personal Property Tax due June 30.	Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  WHITE ALC ALC  81 Name							
WILLIAMS, N.K.			(6)	on Name			
1200 GARVEY ROAD, S.W.			82	82 Street Address (P.O. Box Number is Not Acceptable)			
PA	LM BAY FL 32908		83				
			63	'[		ł	
			84	City	F	85 Zip Code	
## Ourouppt	to the provisions of Scatterio SOV OLO	2 and 602 4409. Clarida Platul	loc the obs		<del></del>		
office or re	egi <b>ste</b> red agent, or both, in the State	of Florida. Such change was	authorized b	y the corpor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	or changing its registered	
agent. I a	m familiar with, and accept the obliga	itions of Section 607.0505, FI	orida Statute	8. 	ation's board of directors. I hereby accept the ar	11000	
SIGNATURE	Signature typed or printed name of registered again	ma FILMBET	クレ、p	VIFFIM	uited when reinstating) DATE	pril 1476	
12.	OFFICERS AND		13.	prin signature req	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12	
TITLE	PO	DELETE	1,1 TITLE		ADDITIONS/GLIANGED TO CITTOENS AT	Change Addition	
NAME	N.K. WILLIAMS	Deceosed	1.2 NAME			-	
STREET ADDRESS	ARCO CAMINEY ME CAN			I ADDRESS			
CITY-ST-ZIP	DALAK DAVI SI		1,4 CITY-1			}	
TITLE	VP	DELETE	2.1 TITLE			Change Addition	
NAME	110000000000000000000000000000000000000		2.2 NAME				
STREET ADDRESS	1400 GARVEY RD S.W.		2.3 STREE	I ADDRESS			
CITY-ST-ZIP	DALLE BALLET		2 4 CHY-	ST-ZIP			
TITLE	VP					Change Addition	
NAME	WILLIAMS DANIEL E. 32 N		3.2 NAME				
STREET ADDRESS	1300 GARVEY RD S.W.		3.3 STREE	1 ADDRESS			
CITY-ST-ZIP	PALM BAY FL		3.4. CITY-	ST-ZIP			
TITLE	\$10	DELETE 4.1 11				Change Addition	
NAME	WILLIAMS ELIZABETH C. 4.2N		4. 2 NAME	: 1		1	
STREET ADDRESS	DRESS 1200 GARVEY RD S.W. 4.3 ST		4.3 STREE	T ADDRESS			
CITY-ST-ZIP	PALM BAY FL 4.4 CII		4.4 CITY - !	ST-ZIP			
TITLE		DELETE 5.1 TI				Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	T ADDRESS			
CITY-ST-ZIP			5.4 DITY-5	ST-ZIP			
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	T ADDRESS			
CITY-ST-ZIP			6.4 CITY-				
14. I hereby c	ertify that the information supplied wi	th this filing does not qualify fo	or the exemp	otion stated in	n Section 119.07(3)(i), Florida Statutes. I further of	ertify that the information	

Indicated on this amount incommunical report is true and accurate and that my signature shall have the same logal 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.

For about C. Williams

All Amil (49 \$