

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90152 042 \*\*\*150.00

DOCUMENT # K97171

1. Corporation Name  
WILBRO JOINT VENTURES, INC.

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

Mailing Address  
1200 GARVEY RD S.W.  
PALM BAY FL 32908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1989

4. FEI Number

59-2957243

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, N.K.  
1200 GARVEY ROAD, S.W.  
PALM BAY FL 32908

Deceased 10/31/97

81 Name

ELIZABETH C. WILLIAMS

82 Street Address (P.O. Box Number is Not Acceptable)

1200 GARVEY ROAD S.W.

83

84 City

PALM BAY, FL 32908

85 Zip Code

32908

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

Elizabeth C. Williams

1 March 1999

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP  
NAME WILLIAMS PAUL D.  
STREET ADDRESS 1400 GARVEY RD S.W.  
CITY-ST-ZIP PALM BAY FL

☐ DELETE

TITLE VP  
NAME WILLIAMS DANIEL L.  
STREET ADDRESS 1300 GARVEY RD S.W.  
CITY-ST-ZIP PALM BAY FL

☐ DELETE

TITLE STD  
NAME WILLIAMS ELIZABETH C.  
STREET ADDRESS 1200 GARVEY RD S.W.  
CITY-ST-ZIP PALM BAY FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth C. Williams 9 March 1999 407-727-1075

Date

Daytime Phone #

CR2E034 (11/98)

0118970