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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:58

DOCUMENT # **L94792** **(3)**

1. Corporation Name
WELBRO DESIGN AND CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
1065 RAINER DRIVE BOX 1600007 ALTAMONTE SPRINGS FL 32714	1065 RAINER DRIVE BOX 1600007 ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/21/1990	02/22/1994

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 / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number **59-3024572** ☐ 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
BROWN, GARY E 1065 RAINER DR ALTAMONTE SPRINGS 32714	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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	CHAIRMAN / DIRECTOR	☒ Change ☐ Addition
NAME	BROWN, GARY E.	12 NAME	BROWN, GARY E.	
STREET ADDRESS	1065 RAINER DR.	13 STREET ADDRESS	1065 RAINER DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRGS. FL	14 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL	
TITLE	V	21 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	DAVIS, STEVEN S	22 NAME	ROGER D. JENNINGS	
STREET ADDRESS	1065 RAINER DR	23 STREET ADDRESS	1065 RAINER DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRGS FL	24 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL	
TITLE	ST	31 TITLE		☐ Change ☐ Addition
NAME	PIPKORN, TIMOTHY G	32 NAME		
STREET ADDRESS	1065 RAINER DR	33 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRGS FL	34 CITY-ST-ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	SCHRANK, EDWARD L	42 NAME		
STREET ADDRESS	1065 RAINER DR	43 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRGS FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do 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 to the report with an address.

SIGNATURE: _____ TIMOTHY G. PIPKORN 3/27/95 (407) 869-0621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number
SECRETARY/TREASURER

0098400 CP