

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

30

3. Date Incorporated or Qualified

08/21/1990

3a. Date of Last Report

04/04/1995

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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when new state agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BROWN, GARY E	
STREET ADDRESS	1065 RAINER DRIVE	
CITY - ST - ZIP	ALTAMONTE SPRGS. FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DAVIS, STEVEN S	
STREET ADDRESS	1065 RAINER DR	
CITY - ST - ZIP	ALTAMONTE SPRGS FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	PIPKORN, TIMOTHY G	
STREET ADDRESS	1065 RAINER DR	
CITY - ST - ZIP	ALTAMONTE SPRGS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHRANK, EDWARD L	
STREET ADDRESS	1065 RAINER DR	
CITY - ST - ZIP	ALTAMONTE SPRGS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	JENNINGS, ROGER D	
STREET ADDRESS	1065 RAINER DRIVE	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bruce E. Holmes	
1.3 STREET ADDRESS	1065 Rainer Drive	
1.4 CITY - ST - ZIP	Altamonte Springs, FL	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert W. Overton, Jr.	
2.3 STREET ADDRESS	1065 Rainer Drive	
2.4 CITY - ST - ZIP	Altamonte Springs, FL	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	William G Smith	
3.3 STREET ADDRESS	1065 Rainer Drive	
3.4 CITY - ST - ZIP	Altamonte Springs, FL	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Thomas D. Woods	
4.3 STREET ADDRESS	1065 Rainer Drive	
4.4 CITY - ST - ZIP	Altamonte Springs, FL	
5.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Harold J. VonWeller	
5.3 STREET ADDRESS	1065 Rainer Drive	
5.4 CITY - ST - ZIP	Altamonte Springs, FL	
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 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)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy G. Pipkorn 4/29/96 (49)869-0621
Sec/Treas

CR2E034 (12/95)