


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

FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 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 1065 RAINER DRIVE BOX 1800007 ALTAMONTE SPRINGS FL 32714		Mailing Address 1065 RAINER DRIVE BOX 1800007 ALTAMONTE SPRINGS FL 32714-3647	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 08/21/1990		3a. Date of Last Report 05/01/1996	
4. FEI Number 59-3024572		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent BROWN, GARY E 1065 RAINER DR ALTAMONTE SPRINGS 32714		10. Name and Address of New Registered Agent 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 title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD <input type="checkbox"/> DELETE BROWN, GARY E 1065 RAINER DRIVE ALTAMONTE SPRGS. FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V BROWN, GARY E 1065 RAINER DR. ALTAMONTE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <input type="checkbox"/> DELETE DAVIS, STEVEN S 1065 RAINER DR ALTAMONTE SPRGS FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V DAVIS, STEVEN S 1065 RAINER DR. ALTAMONTE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST <input type="checkbox"/> DELETE PIPKORN, TIMOTHY G 1065 RAINER DR ALTAMONTE SPRGS FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V ROBERT W. OVERTON, JR. 1065 RAINER DR. ALTAMONTE SPRINGS FL 32714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <input type="checkbox"/> DELETE SCHRANK, EDWARD L 1065 RAINER DR ALTAMONTE SPRGS FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V THOMAS D. WOODS 1065 RAINER DRIVE ALTAMONTE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> DELETE JENNINGS, ROGER D 1065 RAINER DRIVE ALTAMONTE SPRINGS FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V HAROLD J. VONWELLER 1065 RAINER DRIVE ALTAMONTE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I do 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.			
SIGNATURE: TIMOTHY G. PIKORN 4/22/97 (407) 869-1121 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)