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 # **P00065** **(3)**

1. Corporation Name

WEDDLE BROS. CONSTRUCTION CO., INC.

Principal Place of Business	Mailing Address
1201 W. THIRD ST. PO BOX 1330 BLOOMINGTON IN 47402-8330	1201 W. THIRD ST. PO BOX 1330 BLOOMINGTON IN 47402-1330 US

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **11/22/1983**

3a. Date of Last Report: **04/26/1995**

4. FEI Number: **35-0906416** ☐ 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 PAID IN Full

9. Name and Address of Current Registered Agent

WALTON, GARY R
5533 FORCE FOUR PARKWAY
ORLANDO FL 32809

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's signature is required when name is changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SIEBOLDT, RICHARD A.		1.2 NAME	
STREET ADDRESS	1201 W. THIRD ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGTON IN		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WALTON, GARY R.		2.2 NAME	
STREET ADDRESS	5533 FORCE FOUR PKWY.		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CARMICHAEL, LEE E.		3.2 NAME	
STREET ADDRESS	1201 W. THIRD ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGTON IN		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WEDDLE, HAROLD E.		4.2 NAME	
STREET ADDRESS	1201 W. THIRD ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGTON IN		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TESTY, ROBERT		5.2 NAME	
STREET ADDRESS	1201 W. THIRD STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGTON IN		5.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CARTER, ROBERT L.		6.2 NAME	
STREET ADDRESS	1201 W. THIRD ST.		6.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGTON IN		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 on an attachment with an address.

SIGNATURE: Rhea E Carmichael Vice President/Director 3/27/96 (812) 339-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #