

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00065 (3)

1. Corporation Name
WEDDLE BROS. CONSTRUCTION CO., INC.

Principal Place of Business 1201 W. THIRD ST. PO BOX 1330 BLOOMINGTON IN 47402-8330	Mailing Address 1201 W. THIRD ST. PO BOX 1330 BLOOMINGTON IN 47402-1330 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/22/1983	3a. Date of Last Report 04/09/1996
		4. FEI Number 35-0906416	Applied For 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 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
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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: **GARY R. WALTON, EXEC. VICE PRESIDENT** DATE: **4/11/97**

Signature, typed 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	

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 as an attachment with an address.

SIGNATURE: **[Signature]** DATE: **4/11/97** (812) 339-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)