


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

FILED
Mar 28 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 # P93000003905 (5)			
1. Corporation Name WELCH CONSTRUCTION, INC.			
Principal Place of Business 6416 SCOTT LANE FT MYERS FL 33912 US		Mailing Address P O BOX 6656 FORT MYERS FL 33911-6656 US	
2. Principal Place of Business 21 11220 - 22 Metro Pkwy Suite, Apt. #, etc. 22 City & State 23 Ft. Myers, FL Zip 24 33912		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Lee Country 30	
3. Date Incorporated or Qualified 01/13/1993		3a. Date of Last Report 04/23/1996	
4. FEI Number 65-0394580		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 LINDA N. WELCH 6416 SCOTT LANE FT MYERS FL 33912		10. Name and Address of New Registered Agent 81 Name Linda N. Welch 82 Street Address (P.O. Box Number is Not Acceptable) 11651 Rosemount Dr. 83 84 City Ft. Myers FL 85 Zip Code 33913	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP D WELCH, ROBERT E 6416 SCOTT LANE FORT MYERS FL 33912 <input type="checkbox"/> DELETE		1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP D WELCH, ROBERT E. 11651 Rosemount Dr. Ft. Myers, FL. 33913 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP D WELCH, LINDA N 6416 SCOTT LANE FORT MYERS FL 33912 <input type="checkbox"/> DELETE		2.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP D WELCH, LINDA N. 11651 Rosemount Dr. Ft. Myers, FL. 33913 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE		3.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE		4.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE		5.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE		6.1 TITLE NAME STREET ADDRESS 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: Linda N. Welch		3/24/96 Vice President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)