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

PROFIT CORPORATION ANNUAL REPORT



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

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P93000028184 (8)

DOCUMENT # 1. Corporation Name W.P. CONSULTANTS & DESIGN GROUP, INC. Principal Place of Business Mailing Address



2235 QUEEN ANNS ST. MERRITT ISLAND FL 32952			2235 QUEEN ANNS ST. MERRITT ISLAND FL 32952				
					3. Date Incorporated or Qualified 04/15/1993	3s. Date of Last Report 08/21/1995	
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-3180076	Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt #, etc.				\$8.75 Additional	
27		27			5. Certificate of Status Desired	Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zφ	Country	Zip	Country	Country 8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30		Florida Statutes		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
			81	Name			
LUDWIG	3, JOSEPH		82	Stroot Addr	ess (P.O. Box Number is Not Acceptable	·	
2235 Q	UEEN ANN CT		02	Sireet Adon	ess (F.O. Box Mumber is Mot Acceptable	"	
1	T ISLAND FL 32952		63	•			
			84	City		85 Zip Code	
				·			
I or reclistere	o the provisions of Sections 607.0502 ad agent, or both, in the State of Florid n, and accept the obligations of, Section	a. 50ch change was autho	inzed by the corry	amed corpor oration's boar	ation submits this statement for the purp of of directors. Thereby accept the appoin	ose of changing its registered office intrient as registered agent. I am	
SIGNATURE _	Signature, typed or primari name of registered agont a						
12.	OFFICERS AND		(NOTE: Registered Agent	aidi araw redure:		BAIL SECTION AND DESCRIPTION A	
TITLE	DP	DELETE	1 1 TITLE		ADDITIONS/CHANGES TO OFFIC		
NAME	LUDWIG, JOSEPH A	[] beccie				Change Addition	
STREET ADDRESS	2235 QUEEN ANN ST		1.2 NAME			13	
			13STPEET			اِ	
CITY - ST - ZIP	MERRITT ISLAND FL 32952	F7 5/4 52/	1.4 CFTY - ST	I - 7IP			
TITLE	DVS	DELETE.	2 × INTLE			Change Addition	
NAME			2.2 NAME				
STREET ADDRESS	2235 QUENN ANN ST		2.3 STREET	ADDRESS			
CITY - ST - ZIP	MERRITT ISLAND FL 32952		24 DITY-S	- ZIP			
TITLE		☐ DELETÉ	3 1 T.TLE			Change Addition	
NAME			3.2 NAME	İ			
STREET ADDRESS			33 S'REET	ADDRESS			
CITY - ST - ZIP			3 4 CITY - S1	- 21P			
TITLE		☐ DEFE1E	4 1 TITLE			Change Addition	
NAME			4.2 NAME				
STREET ADDRESS			43 STREET.	ADDRESS			
CITY-ST-ZIP			4.4 CHY-S1	- ZIP			
TITLE		☐ DELETE	5 1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			53 STREET	ADDRESS			
CITY-ST-ZIP			5.4 C(TY-S)	ł			
TITLE		DELETE	6 1 T TLE	*"		Change Addition	
NAME		<u>_</u>	6.2 NAME				
STREET ADDRESS				Appeces			
CITY-ST-ZIP			6.3 \$TREET	- 1		!	
	certify that the information supplied w	th this filipa is valuatarily fu	64 CHY-SI		or the eventuation stated in Section 110.0	7(2)/IA Florida Phototop I funkcia	

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