FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

[redacted]
1997

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

97 DEC 23 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000028184 (8)**

1. Corporation Name
W.P. CONSULTANTS & DESIGN GROUP, INC. REINSTATEMENT 1997

Principal Place of Business	Mailing Address
2235 QUEEN ANNS ST. MERRITT ISLAND FL 32952	2235 QUEEN ANNS ST. MERRITT ISLAND FL 32952-5567

3. Date Incorporated or Qualified: **04/15/1993**
3a. Date of Last Report: **04/10/1996**
4. FEI Number: **59-3180076** [ ] 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

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

9. Name and Address of Current Registered Agent

LUDWIG, JOSEPH
2235 QUEEN ANN CT
MERRITT ISLAND FL 32952

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: Rebecca Ludwig Vice President 12/12/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP		☐ DELETE
NAME	LUDWIG, JOSEPH A	1.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	2235 QUEEN ANN ST	1.2 NAME	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	1.3 STREET ADDRESS	
TITLE	DVS	1.4 CITY-ST-ZIP	☐ DELETE
NAME	LUDWIG, REBECCA	2.1 TITLE	
STREET ADDRESS	2235 QUENN ANN ST	2.2 NAME	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	2.3 STREET ADDRESS	
TITLE		2.4 CITY-ST-ZIP	☐ DELETE
NAME		3.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
TITLE		3.4 CITY-ST-ZIP	☐ DELETE
NAME		4.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	☐ DELETE
NAME		5.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	☐ DELETE
NAME		6.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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****750.00 ****750.00

A. Alan 12/23/97

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: [illegible] 04/2

CR2E034 (9/96)