

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90152 040 \*\*\*150.00

**DOCUMENT # P93000039273**

1. Corporation Name

**WILBRO LAND CLEARING, INC.**

Principal Place of Business

1200 GARVEY RD SW  
PALM BAY FL 32908

Mailing Address

1200 GARVEY RD SW  
PALM BAY FL 32908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/03/1993**

4. FEI Number

**59-3189444**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**WILLIAMS, N.K.**  
1200 GARVEY RD. SW  
PALM BAY FL 32908

*Deceased 10/31/98*

10. Name and Address of New Registered Agent

81 Name **ELIZABETH C. WILLIAMS** **STD**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1200 GARVEY ROAD S.W.**

83

84 City **PALM BAY** **FL** 85 Zip Code **32908**

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 *Elizabeth C. Williams*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*1 March 1999*

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **VP**  
STREET ADDRESS **WILLIAMS, PAUL D**  
CITY-ST-ZIP **1400 GARVEY RD SW**  
**PALM BAY FL**

TITLE ☐ DELETE  
NAME **V**  
STREET ADDRESS **WILLIAMS, DANIEL L**  
CITY-ST-ZIP **1300 SW GARVEY RD SW**  
**PALM BAY FL**

TITLE ☒ DELETE  
NAME **STD**  
STREET ADDRESS **WILLIAMS, ELIZABETH C**  
CITY-ST-ZIP **1200 GARVEY RD SW**  
**PALM BAY FL** *See Box 10*

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*Elizabeth C. Williams 3/8/99*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*407-727-1075*

CR2E034 (1/98)