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FILED  
May 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000028048 (3)

1. Corporation Name

WELBRO DEVELOPMENT, INC.



Principal Place of Business

P.O. BOX 160007  
ALTAMONTE SPRINGS FL 32716

Mailing Address

P.O. BOX 160007  
ALTAMONTE SPRINGS FL 32716

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 32714

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/07/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3314350

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

A.G.C. CO.  
2300 SUN BANK CENTER  
200 S. ORANGE AVENUE  
ORLANDO FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STD  
BROWN, GARY E  
P.O. BOX 160007  
ALTAMONTE SPRINGS FL

NAME

DAVIS, STEVEN S  
P.O. BOX 160007  
ALTAMONTE SPRINGS FL

TITLE

PD  
SCHRANK, EDWARD L  
P.O. BOX 160007  
ALTAMONTE SPRINGS FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

1065 Rainer Drive  
Altamonte Springs, FL 32714

1065 Rainer Drive  
Altamonte Springs, FL 32714

1065 Rainer Drive  
Altamonte Springs, FL 32714

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

EDWARD L. SCHRANK / 11/19/97 / 1065 Rainer Drive / Altamonte Springs, FL 32714

2E034 (9/96)