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

**PROFIT** CORPORATION ANNUAL REPORT

1998

officer or director of the corpora Block 12 or Block 13 if changed

lachment with an address.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000028048 (3)

WELBRO DEVELOPMENT, INC.

## FILED May 08 1998 8:00am Secretary of State

4129198

Mailing Address Principal Place of Business P.O. BOX 1600007 P.O. BOX 1600007 **ALTAMONTE SPRINGS FL 32714** ALTAMONTE SPRINGS FL 32716 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/07/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3314350 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zio Country Zip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BROWN, GARY E 1065 RAINER DRIVE 82 ALTAMONTE SPRINGS FL 32714 83 84 dections 607.05.02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obligations of acction 607.0505, Florida Statutes. 11. Pursuant to the provision office or registered agent agent. I am familiar with, Gary E. Brown SEC/Treasurer/DIRECTOR

[NOI] Represent Agent signature required when reinstating)

DATE SIGNATURE of investment agent and title diapplic ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. \_\_\_ Addition STD DELETE Change 1.1 THLE TITLE 5/+/c/D NAME BROWN, GARY E 1.2 NAME 800 TRAFATORE CT #200 MATHAND, FE 32751 1065 RAINER DR 1.3 STREET ADDRESS STREET ADDRESS **ALTAMONTE SPRINGS FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 21 TITLE Davis, steven s NAME 2.2 NAME 1065 RAINER DR STREET ADDRESS 23 STREET ADDRESS **ALTAMONTE SPRINGS FL** 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 31 TITLE SCHRANK, EDWARD L NAME 3.2 NAME **1065 RAINER DR** STREET ADDRESS 3.3 STREET ADDRESS ALTAMONTE SPRINGS FL CITY-ST-ZIP 3.4. CITY- ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Addition 61 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - S1 - ZIP pit d with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in the property of the same legal effect as if made under oath, that I am an the processor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information indicated on this annual report of