

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # **372639 (5)**  
1. Corporation Name  
**WEBB, INC.**



Principal Place of Business: **1351 THOMASVILLE ROAD BOX 147 TALLAHASSEE FL 32302**  
Mailing Address: **1351 THOMASVILLE ROAD BOX 147 TALLAHASSEE FL 32302**

3. Date Incorporated or Qualified: **11/12/1970** 3a. Date of Last Report: **04/04/1995**  
4. FEI Number: **59-1350076** 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: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt. #, etc.:  
City & State:  
Zip: Country:

9. Name and Address of Current Registered Agent: **WEBB JR, W S 1351 THOMASVILLE RD TALLAHASSEE 32303**  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code **FL**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	2. NAME
D	WEBB, LUCILLE C 2840 KILKIERANE DR TALLAHASSEE, FL 00000	<input type="checkbox"/> DELETE	
D	KNOX, WEBB LINDA 1410 BETTON ROAD TALLAHASSEE, FL 00000	<input type="checkbox"/> DELETE	
DC	WEBB, SR WAYNE S 2840 KILKIERANE DR TALLAHASSEE, FL 00000	<input type="checkbox"/> DELETE	
DP	WEBB, W S, JR 295 ROSEHILL DR EAST TALLAHASSEE, FL 00000	<input type="checkbox"/> DELETE	
D	WEBB, GAYLE G 295 ROSEHILL DR EAST TALLAHASSEE, FL 00000	<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, trustee or other person 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: *[Signature]* DATE: **4/30/96**

CR2E034 (12/95)