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Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

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



Principal Place of Business Mailing Address
1351 THOMASVILLE ROAD **1351 THOMASVILLE ROAD**
BOX 147 **BOX 147**
TALLAHASSEE FL 32302 **TALLAHASSEE FL 32302-0147**

3. Date Incorporated or Qualified **11/12/1970** 3a. Date of Last Report **05/01/1996**
 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 2a. Mailing Address
 21 State, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

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
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WEBB, LUCILLE C	
STREET ADDRESS	2840 KILKIERANE DR	
CITY - ST - ZIP	TALLAHASSEE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KNOX, WEBB LINDA	
STREET ADDRESS	1410 BETTON ROAD	
CITY - ST - ZIP	TALLAHASSEE, FL 00000	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	WEBB, SR WAYNE S	
STREET ADDRESS	2840 KILKIERANE DR	
CITY - ST - ZIP	TALLAHASSEE, FL 00000	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WEBB, W S, JR	
STREET ADDRESS	285 ROSEHILL DR EAST	
CITY - ST - ZIP	TALLAHASSEE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEBB, GAYLE G	
STREET ADDRESS	295 ROSEHILL DR EAST	
CITY - ST - ZIP	TALLAHASSEE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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: *W. S. Webb, Jr* **W. S. Webb, Jr** **3/28/97** **904 224 6544**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)