

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

FILED

**Apr 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

3. Date Incorporated or Qualified 11/12/1970	
4. FEI Number 59-1350076	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, LUCILLE C	1.2 NAME	
STREET ADDRESS	2840 KILKIERANE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOX, WEBB LINDA	2.2 NAME	
STREET ADDRESS	1410 BETTON ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, SR WAYNE S	3.2 NAME	
STREET ADDRESS	2840 KILKIERANE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, W S, JR	4.2 NAME	
STREET ADDRESS	295 ROSEHILL DR EAST	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, GAYLE G	5.2 NAME	
STREET ADDRESS	295 ROSEHILL DR EAST	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE _____ DATE _____

CR2E034 (10/97)