

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90061 030 ***150.00

DOCUMENT # **P32500**

1. Corporation Name
J. A. WEBSTER, INC.

Principal Place of Business
**86 LEOMINSTER ROAD
STERLING MA 01564-2198
US**

Mailing Address
**86 LEOMINSTER ROAD
STERLING MA 01564-2198
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1991

4. FEI Number

04-2278376

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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	PCD	<input type="checkbox"/> DELETE
NAME	WEBSTER, JOHN A., JR.	
STREET ADDRESS	33 CROWN POINT ROAD	
CITY-ST-ZIP	SUDBURY MA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WEBSTER, SCOTT A	
STREET ADDRESS	44 VIRGINIA RD	
CITY-ST-ZIP	CONCORD VA 01742	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WEBSTER, ANN S.	
STREET ADDRESS	33 CROWN POINT ROAD	
CITY-ST-ZIP	SUDBURY MA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WEBSTER, JOHN A III	
STREET ADDRESS	87 STEELE LANE	
CITY-ST-ZIP	BOXBORO MA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WEBSTER, JEFFREY H	
STREET ADDRESS	210 HUNTERS RIDGE ROAD	
CITY-ST-ZIP	CONCORD MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CHAIRMAN/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WEBSTER, JOHN A., JR.	
1.3 STREET ADDRESS	33 CROWN POINT ROAD	
1.4 CITY-ST-ZIP	SUDBURY, MA	
2.1 TITLE	V/P MARKETING/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WEBSTER, SCOTT A.	
2.3 STREET ADDRESS	44 VIRGINIA ROAD	
2.4 CITY-ST-ZIP	CONCORD, MA 01742	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WEBSTER, JEFFREY H.	
5.3 STREET ADDRESS	52 THOMPSON DRIVE	
5.4 CITY-ST-ZIP	SUDBURY, MA 01776-1703	
6.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ELDRIDGE, RONALD H.	
6.3 STREET ADDRESS	10 ALEXANDER DRIVE	
6.4 CITY-ST-ZIP	HOPKINTON, MA	

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

Ronald H. Eldridge Ronald H. Eldridge

3-12-98

878-422-8244

0545280