

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90032 041 ***150.00

DOCUMENT # P99000015679
 1. Entity Name
WEBB TIMBERLANDS, INC.

Principal Place of Business Mailing Address
RT. 5, BOX 6030 MADISON FL 32340 **RT. 5, BOX 6030 MADISON FL 32340**

2. Principal Place of Business 3. Mailing Address
4744 N.E. COLIN KELLY HWY P.O. BOX 540
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MADISON, FLORIDA MADISON, FLORIDA
 Zip Country Zip Country
32340 MADISON 32341-0540 MADISON

4. FEI Number **59-3564353** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
FRAZIER, W. ROBINSON
1515 RIVERSIDE AVE., STE. A
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	WEBB, VERNAL A
STREET ADDRESS	RT. 5, BOX 6030
CITY-ST-ZIP	MADISON FL 32340
TITLE	D <input type="checkbox"/> Delete
NAME	WEBB, W. GARY
STREET ADDRESS	RT. 5, BOX 6030
CITY-ST-ZIP	MADISON FL 32340
TITLE	D <input type="checkbox"/> Delete
NAME	HAMMOCK, LYNDIA J
STREET ADDRESS	257 NE PINEAPPLE STREET
CITY-ST-ZIP	PINETTA FL 32350
TITLE	D <input type="checkbox"/> Delete
NAME	CHAMBLIN, JANET S
STREET ADDRESS	RT. 5, BOX 6030
CITY-ST-ZIP	MADISON FL 32340
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	P.O. BOX 540
CITY-ST-ZIP	MADISON, FL 32341-0540
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	RT 3, BOX 1102
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	RT 4, BOX 1449
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Vernal A. Webb*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
VERNAL A. WEBB, DIRECTOR

JANUARY 11, 2002 (850)973-4107
 Date Daytime Phone #

CR2E034 (9/01)