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

## **PROFIT** CORPORATION ANNUAL REPORT 1998

Principal Place of Business



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 282740

(0)

H. N. WEBSTER MFG., INC.

Mailing Address

## **FILED** Mar 10 1998 8:00am Secretary of State



6010 AIRPORT RD P.O. BOX 1628 SEBRING FL 33871-8628 SEBRING FL 33871-8628 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/01/1964 2. Principal Place of Business
6010 Airport Road 2a. Mailing Address P.O. Box 1628 FEI Number Applied For Not Applicable 59-1052393 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 Sebring, Sebring, \$5.00 May Be 6. Election Campaign Financing Florida Florida 23 Trust Fund Contribution Added to Fees 28 Ζıρ Countr 8. This corporation owes or has paid the current year Intangible UŚ 33870 33871-1628 US 24 X Yes 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TAYLOR, J. CLAGETT, JR. **6010 AIRPORT RD** 82 Street Address (P.O. Box Number Is Not Acceptable) SEBRING FL 33870 83 **B4** City 65 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 applica-	ible (NOTE R	teg stered Agent signature	required when reinstating)	DATE		<del></del>
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES		DIRECTOR	S IN 12
TITLE	PD	DELETE	1.1 TITLE		L	Change	Addition
NAME	STEVENSON, JOEL H		1.2 NAME				
STREET ADDRESS	4004 HIGSON AVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	SEBRING, FL 00000		1.4 CITY - ST - ZIP				
TITLE	SD	DELETE	2.1 TITLE			Change	Addition
NAME	TAYLOR, J CLAGETT JR		2.2 NAME				
STREET ADDRESS	1617 N.E. LAKEVIEW DR		2.3 STREET ADDRESS	·			
CITY-ST-ZIP	SEBRING, FL 00000		2 4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		☐ DELFTE	4.1 TITLE			Change	Addition
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CiTY-ST-ZIP				
TITLE		DELETE	5.1 TIFLE		L	Change	Addition
NAME			5.2 NAME				
STREET ADDRESS		•	5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-7IP			64 CITY-ST-7IP				

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 empowers. In Block 12 or Block 13 if changed, or on an attachment with an address.

🖍 J. Clagett Taylor, Jr.