## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	MENT # 33922	27 (1)						
WEBB	BOLT & NUT COMPANY							
Principal Place of Business Mailing Address							[[0]  <b>  1</b>	
2830 TAFT AVENUE P.O. BOX 547608 ORLANDO FL 32854		2830 TAFT AVENUE P.O. BOX 547608 ORLANDO FL 32854	P.O. BOX 547606		3. Date Incorporated or Qualified	3a. Date of Last	: Report	
					12/20/1968	04/28/		
		2a. Mailing Address	, Mailing Address				Applied For	
21	AAMIA & W. 1717	26	Cuite And High		59-1228354 Not Appli \$8.75 Addition		Not Applicable	
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		ee Required	
Oity & State	City & State	y & State		6. Election Campaign Financing \$5.00 May Be		.00 May Be		
23		28			Trust Fund Contribution	LJ Ad	ded to Fees	
Zip	Country	Zip	Countr	y	8. This corporation has liability for		rs 199.032,	
24	25	29	30		Florida Statutes XX Yes			
	g. Name and Address of Curr	ent Registered Agent		1 Name	10. Name and Address of New F	tegistered Agent		
			"	1	Rene Fernandez			
WEBB, STANLEY A			8	2 Street Ac	Address (P.O. Box Number is Not Acceptable) 4868 Cypress Woods Dr #117			
	AULA DRIVE		8	3				
APOPKA FL 32703				Ĭ	Orlando FL 32811			
			8	4 City		FL 85	Zip Code	
SIGNATURE	to the provisions of Sections 607.05 earningent, or think in the Serie of Ficting and accept the publications of, Science of registered against the proposed of the series of registered against the series of registered ag				coration submits this statement for the purporation submits this statement for the purporation of directors. I hereby accept the appured when renstating	rpose of changing in pointment as registed by the pointment as registed by	ts registered office red agent. I am	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	FICERS AND DIREC	TORS IN 12	
TITLE	XX DELETE		1. 1 1ITL	F	President	🙀 Chan		
NAME			1.2 NAM	£	Rene Fernandez 4868 Cypress Wo			
STREET ADDRESS	And Dalle & Company		1.3 STREET ADDRESS		4868 Cypress Wo Orlando FL 328	ods Dr #.	T T J	
CITY - ST - ZIP	APOPKA FL			-S1-ZIP			F7 4349	
TITLE	\$ x√x DELETE			E	becy-freasurer 4			
NAME	DATWYLER,E M		2.2 NAM		Maria Fernandez 4868 Cypress Wo Orlando FL 328		117	
STREET ADDRESS	1307 VASSAR STREET			ET ADDRESS	Orlando FI. 328	ous Dr #	<del>+</del> + 1	
CITY-S1-ZIP	ORLANDO FL	DELETE	2 4 CITY 3 1 TITL	- ST- ZIP	01141140 111	Chan		
TITLE		[] Detere	3.2 NAM			C Vian	.a	
NAME				EET ADDRESS				
STREET ADDRESS				- ST - ZIP				
CITY-ST-ZIP TITLE		[7] DELETE	4. 1 TiTi			Char	nge 🔲 Addition	
NAME		<b>—</b>	4.2 NAM			<del></del>		
STREET ADDRESS				EE1 ADORESS				
CITY-ST-ZIP				-SI-ZIP				
TITLE		DELETE	5. 1 TiTi			☐ Char	nge 🔲 Addition	
NAME			5.2 NAN	ME				
STREET ADDRESS			53 STR	EET ADDRESS				
CITY-ST-ZIP			5.4 CiT)	(-ST-ZIP				
TITLE		DELETE	6. 1 TIT	ı£		Char	nge 🔲 Addition	
NAME			6.2 NAN	/E				

6 4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this almuful report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the original on or the beceiver 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 dy an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (407) 841 1844 Date Date Dayling Phone