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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT #

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(6)

FILED Apr 17 1998 8:00am Secretary of State

RON V	VEBB ENTERPRISES, INC.				
Principal Place of Business Mailing Address					(\$11 \$1611 B) \$1 \$151 B161} (\$51
131 N. KROME AVE. 131 N. KROME AVENUE HOMESTEAD FL 33030 HOMESTEAD FL 33030					
US		US		DO NOT WRITE IN THIS SPACE	
•				3. Date Incorporated or Qualified	
				12/15/1971	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1373718	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing	\$5.00 May Be
23	•	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zıp	Country	8. This corporation owes or has paid the o	current year Intangible
24	25		30	Personal Property Tax due June 30.	Yes 🛮 No
	9. Name and Address of Curre	nt Registered Agent	nal u	10. Name and Address of New Registere	d Agent
	EBB, F. R.		81 Name		
131 N KROME AVE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
HC	DMESTEAD FL 33030		83		, ,
			65		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-named corpo	oration submits this statement for the purpose	of changing its registered
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.					
		RANK R. WEBB	ioa olalolos.	4/13	100
SIGNATURE	Signature typod or printed name of registered ag	ent and title if applicable. (NOTE:	Registered Agent signature require		<i></i>
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	VSD CTATON MAYOTIE C	☐ DELETE	1.1 TITLE		Change Addition
NAME	STATON, MYRTLE, C 131 N. KROME AVE.		1.2 NAME		
STREET ADDRESS	HOMESTEAD FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TOMESTEADTE	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	STATON, MYRTLE C.	Car section	2.2 NAME		
STREET ADDRESS	19390 SW 312 ST.		2.3 STREET ADDRESS	•	
CITY-ST-ZIP	HOMESTEAD FL		2. 4 CITY-ST-ZIP		
TITLE	10 P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WEBB, FRANK R.		3.2 NAME		
STREET ADDRESS	131 N. KROME AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL		3.4. CITY-ST-ZIP		1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE		☐ DELE te	4.1 TITLE		Change Addition
NAME			4. 2 NAME		1
STREET ADDRESS			4.3 STREET ADDRESS		•
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
title Name			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		}
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY - ST - ZIP		
	certify that the information supplied v	vith 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 supplied with this timing does not quality for the exemption stated in decided 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.