

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 415827 (5)

1. Corporation Name

WEBB CHEMICAL CO., INC.



Principal Place of Business

1042 SOUTH CONGRESS AVENUE
WEST PALM BEACH FL 33406-5113

Mailing Address

1042 SOUTH CONGRESS AVENUE
WEST PALM BEACH FL 33406-5113

3. Date Incorporated or Qualified

01/02/1973

3a. Date of Last Report

04/10/1995

2. Principal Place of Business

2a. Mailing Address

21 1042 S. Congress Ave.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 West Palm Beach

28

Zip

Country

Zip

Country

24 33406

25 Palm Beach

29

30

4. FEI Number

59-1443210

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 has liability for intangible tax under s 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHICHEL, WILLIAM L.
430 SOUTH DIXIE HIGHWAY, WEST
POMPANO BEACH FL 33060

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V
NAME LEARY, ELAINE M.
STREET ADDRESS 1301 SW 1ST STREET
CITY-ST-ZIP BOCA RATON FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE DP
NAME SCHICHEL, ROBERT
STREET ADDRESS 430 S. DIXIE HWY. W.
CITY-ST-ZIP POMPAHO BEACH FL

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME MCNAMARA, MARY ANNE
STREET ADDRESS 430 S. DIXIE HWY., W.
CITY-ST-ZIP POMPAHO BCH. FL

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE VD
NAME SCHICHEL, DONNA M
STREET ADDRESS 430 S. DIXIE HWY. W.
CITY-ST-ZIP POMPAHO BEACH FL

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME SCHICHEL, DOROTHY E
STREET ADDRESS 430 S. DIXIE HWY. W.
CITY-ST-ZIP POMPAHO BEACH FL

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME HAFLEY, JEANE M.
STREET ADDRESS 430 S. DIXIE HWY. W.
CITY-ST-ZIP POMPAHO BEACH FL

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)