FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 27 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **430695** **(7)**

1. Corporation Name
WILLIAM C. WEBB COMPANY

Principal Place of Business	Mailing Address
9601 N. MAIN STREET JACKSONVILLE FL 32218	9601 N. MAIN STREET JACKSONVILLE FL 32218

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/17/1973**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 200 E. Robinson Street	26 200 E. Robinson Street
Suite, Apt. #, etc. 22 Suite 920	Suite, Apt. #, etc. 27 Suite 920
City & State 23 Orlando, FL	City & State 28 Orlando, FL
Zip 24 32801 Country 25 USA	Zip 29 32801 Country 30 USA

4. FEI Number: **59-1490026** ☐ 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
BARKER, EARL M. JR. 334 E DUVAL STREET JACKSONVILLE FL 32202	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ASD	1.1 TITLE	☐ Change ☐ Addition
NAME	BARKER, EARL M., JR.	1.2 NAME	
STREET ADDRESS	334 E DUVAL ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	AS	2.1 TITLE	☐ Change ☐ Addition
NAME	ENGLEHART, BERTHA	2.2 NAME	
STREET ADDRESS	1300 NW 167TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	WEBB, WILLIAM C JR	3.2 NAME	
STREET ADDRESS	1300 NW 167TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	DVST	4.1 TITLE	☐ Change ☐ Addition
NAME	WEBB, DANIEL B	4.2 NAME	
STREET ADDRESS	200 E. ROBINSON STREET, #920	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	DALTON, MARK A.	5.2 NAME	
STREET ADDRESS	200 E. ROBINSON ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 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: Carol B. Webb as Vice President 3/9/95 (407) 841-1414
GRANTOR, AIF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0023197 CP