

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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F69414 (3)

1. Corporation Name:
R. WEBB, INC.

Principal Place of Business
16 NORTHEAST FIFTH AVENUE
P.O. BOX 820
WILLISTON FL 32696

Mailing Address
16 NORTHEAST FIFTH AVENUE
P.O. BOX 820
WILLISTON FL 32696-0820



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/03/1982		3a. Date of Last Report 02/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2191862		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent WEBB RICHARD C. NICKLAUS DR. WILLISTON FL 32696				10. Name and Address of New Registered Agent			
				81 Name Webb, Richard C.			
				82 Street Address (P.O. Box Number Is Not Acceptable) 1181 N.E. 152 Ct.			
				83			
				84 City Williston, FL			
				85 Zip Code 32696			

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

See above 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	PD	1.1 TITLE	PD
NAME	WEBB, RICHARD C	1.2 NAME	Webb, Richard C.
STREET ADDRESS	NICKLAUS DR.	1.3 STREET ADDRESS	1181 N.E. 152nd Ct.
CITY- ST- ZIP	WILLISTON FL	1.4 CITY- ST- ZIP	Williston, FL 32696
TITLE	VD	2.1 TITLE	VD
NAME	WEBB, CHARLES M., JR.	2.2 NAME	Webb, Charles M., Jr.
STREET ADDRESS	HWY 121 NORTH	2.3 STREET ADDRESS	20851 N.E. 60th St.
CITY- ST- ZIP	WILLISTON FL	2.4 CITY- ST- ZIP	Williston, FL 32696
TITLE	STD	3.1 TITLE	STD
NAME	WEBB, CHARLES M., SR.	3.2 NAME	Webb, Charles M., Sr.
STREET ADDRESS	NICKLAUS DR.	3.3 STREET ADDRESS	1195 N.E. 152nd Ct.
CITY- ST- ZIP	WILLISTON FL	3.4 CITY- ST- ZIP	Williston, FL 32696
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
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 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:

 RICHARD C. Webb

4-4-97 352-528-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0000865

CR2E034 (9/96)