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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G04367 (0)

1. Corporation Name
WEBANCO SERVICES, INC.

Principal Place of Business

12 OLD FERRY ROAD
P. O. BOX 873
SHALIMAR FL 32579

Mailing Address

12 OLD FERRY ROAD
P. O. BOX 873
SHALIMAR FL 32579-0873

2. Principal Place of Business

21 WEBANCO SERVICES INC.
Suite, Apt. #, etc.
22 222 MARSHALL DR. N.E.

City & State
23 FORT WALTON BEACH, FL.

Zip Country
24 32547 25 OKALOOSA

2a. Mailing Address

26 WEBANCO SERVICES INC.
Suite, Apt. #, etc.

27 222 MARSHALL DR. N.E.
City & State

28 FORT WALTON BEACH, FL.

Zip Country
29 32547 30 OKALOOSA

3. Date Incorporated or Qualified

10/13/1982

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2245447

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

WEBSTER, MICHAEL T.
12 OLD FERRY ROAD
SHALIMAR FL 32579

10. Name and Address of New Registered Agent

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 fee (if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
WEBSTER, RITA M
222 MARSHALL DRIVE NE
FT WALTON BEACH, FL 32547

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WEBSTER, WILLIAM K
222 MARSHALL DRIVE NE
FT WALTON BEACH, FL 32547

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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

[Handwritten Signature]

[Handwritten Signature]

CR2E034 (9/96)