

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

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G04367** (0)  
1. Corporation Name  
**WEBANCO SERVICES, INC.**

Principal Place of Business <b>WEBANCO SERVICES INC 600 MARSHALL DR NE FT WALTON BEACH FL 32547 US</b>	Mailing Address <b>WEBANCO SERVICES INC 322 MARSHALL DR NE FT WALTON BEACH FL 32547 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>600 NUTMEG AVE.</b> Suite, Apt. #, etc. 22 City & State 23 <b>MCEVILLE, FL</b> Zip Country 24 <b>32578</b> 25 <b>US</b>		2a. Mailing Address 26 <b>600 NUTMEG AVE</b> Suite, Apt. #, etc. 27 City & State 28 <b>NICEVILLE, FL</b> Zip Country 29 <b>32578</b> 30 <b>US</b>		3. Date Incorporated or Qualified <b>10/13/1982</b>	
		4. FEI Number <b>59-2245447</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>WEBSTER, MICHAEL T. 12 OLD FERRY ROAD SHALIMAR FL 32579</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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	ST WEBSTER, RITA M 222 MARSHALL DRIVE NE FT WALTON BEACH, FL 00000 CITY-ST-ZIP	1.1 TITLE	ST. PETROSKI, CLAIRE F. 600 NUTMEG AVE MCEVILLE, FL 32578 CITY-ST-ZIP
NAME	PD WEBSTER, WILLIAM K 222 MARSHALL DRIVE NE FT WALTON BEACH, FL 00000 CITY-ST-ZIP	1.2 NAME	PD PETROSKI, BERNARD P. 600 NUTMEG AVE. MCEVILLE, FL 32578 CITY-ST-ZIP
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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 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: *Bernard P. Petroski* **BERNARD P. PETROSKI** 28 APR 98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0608745

CR2E034 (10/97)