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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H86296 (1)

NED E. J. WEBSTER, INC.

Feb 10 1998 8:00am Secretary of State



			1400/01/ 010/ 020/07/44/07/42/08/07/07/07/07/07/07/07/07/07/07/07/07/07/	/(4 W101) W/W/I DFO/L WIDIT FOOI
Principal Place of Business	Mailing Address			
3767 POMPANO DR SE	PO BOX 54824	••		
ST PETERSBURG FL 33705	TERSBURG FL 33705 ST PETERSBURG FL 33739 US		DO NOT WRITE IN THIS SPACE	
00	03		3. Date Incorporated or Qualified	7017102
			11/18/1985	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 4055 SUNRISE DRIVE, S	26 P.O. BOX 2	195	59-2628154	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	90 15		\$8.75 Additional
22	27		6. Certificate of Status Desired	Fee Required
City & State	City & State	,	6. Election Campaign Financing	\$5.00 May Be
23 St. PETERSBURG, FL	28 ST. HETERSE	JURG, FL	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the c	
24 33705 [25] U.S.	29 33731-2195	30 U, S.	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
9. Name and Address of Curre	nt Hegistered Agent	81 Name		ı Ağent
			LBSTER. NED E.i	Γ. Ι
200 TREASURE HARBOR ROAD B2 Street			ress (P.O. Box Number is Not Acceptable)	
TAVERNIER FE 83070		4-0.55	F SUNRISE DRIVE, 5.	
,		1-1		
		84 City ST.	D050-0-5	85 Zip Code
		8T.	PETERSBURG FI	
11. Pursuant to the provisions of Sections 607.05	i02 and 607.1508, Florida Statute e of Florida, Such change was a	es, the above-named corp	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered
agent. I am familiar with, and accept the obli	gations of Section 607.0505, Fig	orida Statutes.	and course or consecutive and course are	
SIGNATURE WEBSTER, NED &	ਵ, ਹ,			FEB. 2.1998
		Registered Agent signature requi		ID DIDECTORS IN 40
	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
WEDDTED HED E I	C) beceive	1.1 TITLE		
DO DOV E4004		1.2 NAME	address change o	.0.
OT DETERORIJEG EI		1.3 STREET ADDRESS	Cooress aringe o	7
0.11 01 21	Librieri	1.4 CITY-ST-ZIP		Change Addition
TITLE	☐ DELETE	2.1 TITLE		LI Change LI Audition
NAME		2.2 NAME	•]
STREET ADDRESS		2.3 STREET ADDRESS	t	
CITY-ST-ZIP	DOLLAR	2. 4 CITY-ST-ZIP		Change Addition
TITLE	☐ DELETE	3.1 TITLE		Change
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		Ohanga Addition
THLE	L DELETE	4.1 YITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY - ST - 2IP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-St-ZIP		6.4 CITY - ST - ZIP		
14. Thereby certify that the information supplied	with this filing does not qualify fo	or the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information

powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in