

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

FILED

Feb 25 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 # J94026 (8)
1. Corporation Name
WEBB'S TRUCK LEASING, INC.

Principal Place of Business 2975 NORTH TROPICAL TRAIL 198 TURTLE PLACE MERRITT ISLAND FL 32953 US	Mailing Address POST OFFICE BOX 4144 COCOA FL 32925 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 104 N.E. 3rd St. Suite, Apt. #, etc		2a. Mailing Address 26 PO Box 4144 Suite, Apt. #, etc		3. Date Incorporated or Qualified 09/21/1987
22 City & State 23 Satellite Beach, FL Zip 32937 Country US		27 City & State 28 Patrick AFB, FL Zip 32925 Country US		4. FEI Number 59-2847599 Applied For Not Applicable
24 32937 25 US		29 32925 30 US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 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

10. Name and Address of New Registered Agent

WEBB, BOBBY L.
2975 NORTH TROPICAL TRAIL
MERRITT ISLAND FL 32953

81 Name Bobby L. Webb
82 Street Address (P.O. Box Number is Not Acceptable) Le Indrio Blvd.
83
84 City Indian Harbor FL 85 Zip Code 32937

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	WEBB, BOBBY L.	1.2 NAME	BOBBY L. WEBB, BOBBY L.
STREET ADDRESS	2975 NORTH TROPICAL TRAIL	1.3 STREET ADDRESS	PO BOX 4144 N/A
CITY-ST-ZIP	MERRITT ISLAND FL	1.4 CITY-ST-ZIP	Patrick AFB, FL 32925
TITLE	D	2.1 TITLE	
NAME	WEBB, REBECCA S.	2.2 NAME	
STREET ADDRESS	2975 NORTH TROPICAL TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	LARRY, LA MARCUS W.	3.2 NAME	
STREET ADDRESS	808 WINDSOR CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	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: 

2/19/98 (407) 779-1311

CR2E034 (10/97)