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

PROFIT CORPORATION ANNUAL REPORT

1997

Lam an officer or director of

appears in Block 12 or Blo

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 03 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K86230**

(5)

WEB-WOB, INC.

Principal Place of Business Mailing Address 720 GOODLETTE RD. STE 300 720 GOODLETTE RD. STE 300 NAPLES FL 33940 NAPLES FL 34102-5690 3. Date Incorporated or Qualified 3a. Date of Last Report 04/12/1996 05/08/1989 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 2750 TREASURE LANE P.O. BOX 3535 65-0127672 26 Not Applicable Suite, Apt. #. etc. Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be NAPLES, FLORIDA NAPLES, FLORIDA 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, 34102 USA 34106-3535 USA 29 24 25 Florida Statutes X Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BARNETT, WILLIAM 720 GOODLETTE RD. STE 300 Street Address (P.O. Box Number is Not Acceptable) 2750 TREASURE LANE 82 NAPLES FL 33940 83 NAPLES 84 Zip Code 34102 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typest or printed name of registered agent and title 4 approable (NOTE: Registered Agent signature required when re-instating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13, (96/6) DELETE ☐ Change 100 BARNETT, CHRISTINE NAME 12 NAME **2750 TREASURE LANE** STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 017Y-\$1-7IP 1.4 CITY-ST-ZIP 104.6 DELETE Change Addition 21 TITLE BARNETT, WILLIAM NAME 22 NAME 2750 TREASURE LANE STHEET ADDRESS 2.3 STREET ADDRESS NAPLES FL 01*Y-\$1-7IP 2 4 CITY-ST-ZIP DELETE THEF 31 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS **3 3 STREET ADDRESS** CHY-ST-ZP 3 4. CITY - ST - ZIP LILE DELETE 4.1 TITLE Change Addition NAME 4, 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZF 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Addition THEE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CID (-ST-20) 5.4 CITY - \$1 - ZIP THE ☐ DELETE 6.1 TITLE Change ■ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 agreed 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

WILLIAM E. BARNETT

eiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

(941) 434-4601