FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L74501** **(2)**

1. Corporation Name
WEBBER REALTY GROUP, INC.

Principal Place of Business	Mailing Address
% ANDREW R. WEBBER 3750 GUNN HIGHWAY STE 2-D TAMPA FL 33624	% ANDREW R. WEBBER 3750 GUNN HIGHWAY STE 2-D TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/18/1990**
3a. Date of Last Report: **04/12/1994**

2. Principal Place of Business	2a. Mailing Address
21 5453 W. Waters Ave	26 5453 W. Waters Ave
Suite, Apt. #, etc. 22 Suite # 101	Suite, Apt. #, etc. 27 Suite # 101
City & State 23 Tampa FL	City & State 28 Tampa FL
Zip / Country 24 33634 / 25	Zip / Country 29 33634 / 30

4. FEI Number: **59-3019745** ☐ 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. 199.042 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WEBBER, ANDREW R. 4302 GUNN HIGHWAY #309 TAMPA FL 33624	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 _____ DATE
(Required) (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when name is changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☑ Change ☐ Addition
NAME	WEBBER, ELEANOR J.	12 NAME	
STREET ADDRESS	4302 GUNN HIGHWAY #309	13 STREET ADDRESS	
CITY ST ZIP	~~ALTAMONTE SPRGS FL~~	14 CITY ST ZIP	Tampa FL. 33624
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	WEBBER, ANDREW R.	22 NAME	
STREET ADDRESS	4302 GUNN HIGHWAY #309	23 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above or on an attachment with an address.

SIGNATURE: _____ 4/28/95 813-249-1549
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date) (Daytime Phone #)

0300044 CP