**PROFIT** CORPORATION ANNUAL REPORT

1999

**DOCUMENT #** 1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90184 004 \*\*\*150.00

HON WE	BB AGENCY, INCORPOR	AIEU					
Principal Place	e of Business	Mailing Address				0 0   7:0   \$I\$i  4	1811 61611 (681
308 S. MOSS RD. WINTER SPRINGS FL 32708 US  308 S. MOSS RD. WINTER SPRINGS FL 32708 US  US					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed 04/07/1988		}
Principal Place of Business     2a. Mailing Address					4. FEI Number	Ap	plied For
21 26					59-2887232	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	
22 27					5. Certificate of Otalias Desired	Fee Re	<u>·</u>
City & State City & State			`- <b>-</b> ·	• , •	6. Election Campaign Financing	\$5.00	
23 28 7			Countr		Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country 0	<b>!</b>	This corporation owes the current year to Personal Property Tax.	ntangible Yes	□No
24	9. Name and Address of Curr		1		10. Name and Address of New Registere	d Agent	
			81	Name			
WEBB, RONALD W.			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
308 MOSS ROAD							
WIN.	TER SPRINGS FL 32708		83		•		
			84	City	Sec. 1991	.,, 85 Zip	Code
11 Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida Statutes	the abov	e-named corp	oration submits this statement for the purpose		
office or r	egistered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida. Such change was aut gations of, Section 607.0505, Florid	horized by la Statutes	the corporations.	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as re	gistered i-
SIGNATURE		AIOTE D	lawletoned Age	nt signature require	d when reinstating) DATE		
12.	Signature, typed or printed name of registered a	AND DIRECTORS	13.	ur sithierme tedrine	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12
TITLE	DPT	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	WEBB, RONALD W.		1.2 NAME				
STREET ADDRESS			1.3 STREET ADDRESS				
CITY-ST-ZIP	WINTER SPRINGS FL		1.4 CITY-5	ST-ZIP			
TITLE	DVS	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	TCOD, CINDA II.		2.2 NAME				
STREET ADDRESS	ani			TADDRESS	<del></del>		
CITY-ST-ZIP			2.4 CITY- 3.1 TITLE	ST-ZIP		[ ] Change	Addition
TITLE			3.2 NAME			_ '	_
NAME STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			3.4. CITY-				
TITLE			4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CMY-5	ST-ZIP			[ A 4414]
TITLE	1		5.1 TITLE		-	Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	<u> </u>	☐ DELETE	5.4 CITY-S 6.1 TITLE	οι-ΔP	73-2 (CV)	☐ Change	Addition
TILE		□ beccir	6.2 NAME				_ "
NAME				T ADDRESS			

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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP