

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**AND  
FILED**

95 JUL -5 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M87529 (7)**

1. Corporation Name

**WEBB-LEIBY ENTERPRISES, INC.**

Principal Place of Business

21001 S.W. 154 AVE.  
GOULDS FL 33170

Mailing Address

21001 S.W. 154 AVE.  
GOULDS FL 33170

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                       |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>06/29/1988</b>                                                                                                | 3a. Date of Last Report<br><b>04/05/1994</b> |
| 4. FEI Number<br><b>65-0061841</b>                                                                                                                    | Applied Fee<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                             | <b>\$8.75</b> Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                    | <b>\$5.00</b> May Be<br>Added to Fees        |
| 8. This corporation has liability for information tax under 15, 11F1.002<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                              |

2. Principal Place of Business

21  
State, Apt. #, etc.

22  
City & State

23  
Zip

25  
Country

2a. Mailing Address

26  
State, Apt. #, etc.

27  
City & State

28  
Zip

30  
Country

9. Name and Address of Current Registered Agent

**BROWN, ROBERT B., III  
25 WEST FLAGLER STREET  
MIAMI FL 33130**

10. Name and Address of New Registered Agent

|                                                       |             |
|-------------------------------------------------------|-------------|
| 01 Name                                               | 65 Zip Code |
| 02 Street Address (P.O. Box Number is Not Acceptable) |             |
| 03                                                    |             |
| 04 City                                               | <b>FL</b>   |

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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, hereby accept the appointment as registered agent, and hereby accept the provisions of Section 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent with Power of Attorney

Signature of Registered Agent or Registered Agent with Power of Attorney

(45)

| 12. OFFICERS AND DIRECTORS |                                                                         | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995 |                                                                   |
|----------------------------|-------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------|
| NAME                       | <b>PVP<br/>BROWN, TALLAH W.<br/>21601 S.W. 154TH AVE.<br/>GOULDS FL</b> | 1. TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                                                         | 2. NAME                                                  |                                                                   |
| CITY, ST, ZIP              |                                                                         | 3. STREET ADDRESS                                        |                                                                   |
|                            |                                                                         | 4. CITY, ST, ZIP                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                         | 5. TITLE                                                 |                                                                   |
| STREET ADDRESS             |                                                                         | 6. NAME                                                  |                                                                   |
| CITY, ST, ZIP              |                                                                         | 7. STREET ADDRESS                                        |                                                                   |
|                            |                                                                         | 8. CITY, ST, ZIP                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                         | 9. TITLE                                                 |                                                                   |
| STREET ADDRESS             |                                                                         | 10. NAME                                                 |                                                                   |
| CITY, ST, ZIP              |                                                                         | 11. STREET ADDRESS                                       |                                                                   |
|                            |                                                                         | 12. CITY, ST, ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                         | 13. TITLE                                                |                                                                   |
| STREET ADDRESS             |                                                                         | 14. NAME                                                 |                                                                   |
| CITY, ST, ZIP              |                                                                         | 15. STREET ADDRESS                                       |                                                                   |
|                            |                                                                         | 16. CITY, ST, ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                         | 17. TITLE                                                |                                                                   |
| STREET ADDRESS             |                                                                         | 18. NAME                                                 |                                                                   |
| CITY, ST, ZIP              |                                                                         | 19. STREET ADDRESS                                       |                                                                   |
|                            |                                                                         | 20. CITY, ST, ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 310.07(b)(3), Florida Statutes. I further certify that the information reflected on this annual report or supplementary 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 executor 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 of this report, or on an attachment with an address.

**SIGNATURE:**

*Tallulah Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF CHAIRMAN, OFFICER OR DIRECTOR  
**Tallulah Brown**

6/29/95

305/247/1247