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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

WEBB-LEIBY ENTERPRISES, INC.

Principal Place of Business Mailing Address

FILED May 16 1997 8:00am Secretary of State



GOULDS FL 33170		21601 S.W. 154 AVE. GOULDS FL 33170-2101						
					3. Date Incorporated or Qualified 06/29/1988	3a. Date of Last I	Report	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		pplied For	
21		26	26		65-0061841	N N	ot Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		E Constitution of Constitution		Additional	
22		27			5. Certificate of Status Desired		lequired	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28	28		Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country		8. This corporation has liability for in	tangible tax under	s. 199.032,	
24	25 29 30				Florida Statutes			
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
				81 Name				
	West Flagler Street		82	82 Street Address (P.O. Box Number is Not Acceptable)				
i Miai	MI FL 33130		olicet Address (F.O. Dox		1000 (1.0. DOX 140HIDD) 10 HOL ACCEPTABL	c,		
			83					
			84	0.5				
			184	City		FL B5 Zip	Code	
11, Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida Statute	es, the abov	re-named corp	poration submits this statement for the pu	rpose of changing	its registered	
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								
OIGHATORE	Signature, typed or printed name of registers	d agent and title if applicable (NOTE	: Hegislered Ag	ent signature requ	ired when reinstating)	DATE		
12.			13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	RS IN 12	
TITLE	PVP	L DELETE	1.1 TITLE			☐ Change	Addition	
NAME .	BROWN, TALLUAH W.		1.2 NAME	1			1;	
STREET ADDRESS			1.3 STREE	1 ADDRESS			}	
. CITY-ST-ZIP	GOULDS FL			ST-ZIP			18	
TITLE		DELETE 2.1				Change	Addition C	
NAME			2.2 NAME					
STREET ADDRESS	235		2.3 STREE	T ADDRESS	•		ļ	
CITY-ST-ZIP			2. (CITY-	ST-ZIP	<u> </u>		1	
TITLE	☐ DELETE 3.1		3.1 TITLE			Change	Addition	
NAME	321		3 2 NAME			ė.		
STREET ADDRESS			3 3 STREE	1 ADDRESS				
CITY-ST-ZIP			3.4, CITY	ST-ZIP				
TITLE	DELETE 4.1		4.1 TITLE			☐ Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY	S1-21P				
TITLE			5.1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CHY-	ST-ZIP			1	
TITLE		DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME			-		
STREET ADDRESS			6.3 STREE	ADDRESS				
CITY-ST-ZIP			64 CITY-					
							4	

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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted 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.