

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 15, 2004 8:00 am
Secretary of State

04-19-2004 90343 049 ***150.00

DOCUMENT # P63000107742 1. Entity Name JOHN WEBB CONSTRUCTION, INC.			
Principal Place of Business 48 DUNNAWAY LANE APALACHICOLA FL 32320		Mailing Address 48 DUNNAWAY LANE APALACHICOLA FL 32320	
2. Principal Place of Business Suite, Apt. #, etc.:		3. Mailing Address P.O. Box 513 Suite, Apt. #, etc.:	
City & State APALACHICOLA FL		City & State APALACHICOLA FL	
Zip 32329	Country Franklin	4. FEI Number 33-1080084	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent WEBB, JOHN 48 DUNNAWAY LANE APALACHICOLA FL 32320		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-electing)			
FILE NOW!!! FEES: \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME WEBB, JOHN STREET ADDRESS 48 DUNNAWAY LANE CITY-ST-ZIP APALACHICOLA FL 32320	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE D NAME KENNEDY, THOMAS STREET ADDRESS 48 DUNNAWAY LANE CITY-ST-ZIP APALACHICOLA FL 32320	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>John Webb</u> <u>John Webb</u> <u>4-16-04</u> <u>850 653-9047</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			