

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

APPROVED  
AND  
FILED

96 SEP -3 PM 12: 01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000024651 (0)

1. Corporation Name

CHARLOTTE'S WEBB, INC.

Principal Place of Business

541 SOUTH SIXTH STREET  
MACCLENNY FL 32063

Mailing Address

541 SOUTH SIXTH STREET  
MACCLENNY FL 32063

3. Date Incorporated or Qualified  
03/30/1993

3a. Date of Last Report  
05/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2576514

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23

City & State

27

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24

Zip

Country

28

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIGERS, PAULA J  
541 SOUTH SIXTH STREET  
MACCLENNY FL 32063

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

Signature typed or printed name of Registered Agent (Name Not Applicable)

(Print) Registered Agent Signature (Name Not Applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

D  
SIGERS, PAULA J  
RT. 2 BOX 679  
MACCLENNY FL 32063

NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

D  
SIGERS, TOMMY D  
RT. 2 BOX 679  
MACCLENNY FL 32063

NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

NAME ☐ DELETE

STREET ADDRESS

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)(k), 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, upon an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/96

904-254-3524  
Dispute Fee: \$

CR2E034 (12/95)