

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90137 013 ***150.00

DOCUMENT # P93000031850

1. Corporation Name

WEBB COLE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~1405 GREEN COVE RD~~
~~WINTER PARK FL 32789~~
US

~~1405 GREEN COVE RD~~
~~WINTER PARK FL 32789~~
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1993

4. FEI Number

65-0430633

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 539 Versailles Dr

26 Po Box 945000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Maitland FL

28 Maitland FL

Zip Country

Zip Country

24 32751

25 US

29 32794

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FARMER, RICHARD A.
1405 GREEN COVE RD
WINTER PARK FL 32789

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME BROWN, STEPHEN W
STREET ADDRESS 901 KENSINGTON GARDEN COURT
CITY-ST-ZIP OVIEDO FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME FARMER, RICHARD A
STREET ADDRESS 1405 GREEN COVE RD
CITY-ST-ZIP WINTER PARK FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME JOYCE, MICHAEL G
STREET ADDRESS 5940 GRANDA BLVD
CITY-ST-ZIP CORAL GABLES FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME WYATT, CATHERINE L
STREET ADDRESS 730 ROSALIE WAY
CITY-ST-ZIP WINTER SPRINGS FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME DAVIDSON, W H
STREET ADDRESS 4536 SAN AMARO DRIVE
CITY-ST-ZIP CORAL GABLES FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Farmer

2/12-99

407.539.0001

Date

Daytime Phone #

X 220

CR2E034 (11/98)