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PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

P95000038428 (5)

WEB CONSULTING, INC.

Principal Place of Business

Mailing Address

225 S. ADAMS STREET, SUITE 250 TALLAHASSEE FL 32301

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					3. Date Incorporated or Qualified 3a. Date of Last Report 05/15/1995		
2. Principa' Pla	ce of Business	2a. Mailing Address	*		4. FEI Number Applied For		
21		26			Not Applicable		
Suite, Apt. #	, etc	Suite, Ant. #, etc. 27			5. Certificate of Status Desired See Required Fee Required		
Oity & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s 199.032,		
24	25	29	30		Florida Statutes Yes No		
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
DI ANIT	E VEILV D		81	Name			
	PLANTE, KELLY B 225 S. ADAMS STREET, SUITE 250			Street Add	dress (P.O. Box Number is Not Acceptable)		
	HASSEE FL 32301		83				
IALLAI	MOOLL IL SESSI						
			84	City	El 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 registere	id agent, or both, in the State of Flo i, and accept the obligations of, Se	orida. Such change was authorized	d by the corp	oration's boa	ard of directors. I hereby accept the appointment as registered agent. I am		
	i, this tiecept the congitions of ce	celor our .0303, i know Glatales.					
SIGNATURE .	ilg ratine, typest or printed name of registered ag	e it and trie it applicable (NO1)	. Registered Age:	nt signature reque	red when reinstaling) DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12		
Tifef	P	DEFELE	1. 1 TITLE		Change Addition		
NAMI	Wilbur E. Brew	ton	1.2 NAME				
STEEL LADORESS	225 S. Adams S	treet, Ste.250	1.3 STREET	ADDRESS			
Ci1×+S1+ZiP	Tallahassee, F	T. 32301	1.4 CITY - S	ST- ZIP			
Trice		DEFELE	2 1 TITLE		Change Addition		
N4ME			2 2 NAME				
STHELL ADDRESS			2.3 STREET				
CHY SI-ZIP		DELETE	2 4 CITY - S	S1 - ZIP	Constant Control of Marketon		
THUE		[] Detere	3 1 7171.6		Change Addition		
NAME STRÆFT ADDRESS			3.2 NAME	Y ADDDECC			
COTY - ST - ZIP			3 3 STREET 3 4 CITY - S	l l			
Tif, F		[] DELETE	4. 1 TITLE	51 - ZIF	Change Addition		
NAME :			4.2 NAME				
STHEET ACORESS			4.3 STREET	AUDRESS			
QITM-ST-ZIP			4.4 CITY - S				
1rtf		[] DELETE	5. 1 TITLE		Crange Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE I	ADDRESS			
CITY ST-ZIP			5 4 CITY - S	ST - 21P			
UILE		DELETE	6 1 TITLE		Change Addition		
NAME			6.2 NAME		(J)		
STHEE: ADDRESS			63 STREET	ADDRESS	1/00/19/2		
CI2Y-S2-7I2			6.4 CITY - S	ST - ZIP	1150/14		
14. Lide 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 in 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 office or directly of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name							

SIGNATURE:

oath; that I am an office appears in Block 12 or

904/222-7717