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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 15 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600000400 (7)

L. A. WEBB, INC.

STREET ADDRESS

CITY - ST - ZIE

Principal Place of Business Mailing Address 11705 LYNMOOR DRIVE 11705 LYNMOOR DRIVE RIVERVIEW FL 33589 RIVERVIEW FL 33589-7033 3. Date Incorporated or Qualified 3a. Date of Last Report 01/03/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3355568 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country This corporation has liability for intangible tax under s. 199.032, Zip 24 25 29 30 Florida Statutes Yes No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SCHENHER, RONALD 11705 LYNMOOR DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) RIVERVIEW FL 33569 83 Zip Code City 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 titin it applicable. (NOTE: Registered Agent aignature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) Change Addition DELETE PRESIDENT TITLE 1.1 TITLE RONALD SCHENHER NAME 1.2 NAME 11705 LYNMOON DR 1.3 STREET ADDRESS STREET ADDRESS RIVERVIEW, FL 33569 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TREASURER/SECRETARY TOUE 2.1 TITLE LILA SCHENHER NAME 2.2 NAME 11705 LYWMOON DR STREET ADDRESS 2.3 STREET ADDRESS KIVERVIEW, FL 33569 CITY - ST-ZIP 2 4 CITY-ST-ZIP Addition 3.1 TITLE THEF NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-7IP THE DELETE 6.1 TITLE Change Addition NAM: 6.2 NAME

SIGNATURE SIGNATURE AND TYPED OR PRIVED NAME OF BIOLOGY OF DIRECTOR DIRECTOR OF DIRECTOR OF DIRECTOR OF DIRECTOR OF DIRECTOR DIRECTOR OF D

14. I do nore by 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 atjactment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP