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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

P96000016239 (1)

WEBFODDER, INC.

3848 ARROW LAKES DRIVE. SOUTH

Mailing Address

P.O. BOX 56702 JACKSONVILLE FL 32241-6702

FILED Apr 10 1997 8:00am Secretary of State



							3. Date Incorporated or Qualified 02/20/1996	3a. Date of L	ast Repo	ort	
2. Principal f	Plane of Business		28. Mailing Addres	\$S		,	4. FEI Number		Appli	ed For	
21			26				59-3360921		Not A	Applicable	
Scote, Apit #, etc			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Stat			City & State				6. Election Campaign Financing	\$5	.00 ма	av Re	
23	•		28				Trust Fund Contribution		dded to I		
Zip	Counti		Zip		Country		8. This corporation has liability for in	itanoible tax un	der s. 1!	99.032,	
24	25		29	30]		Florida Statutes	Yes No			
==1	9. Name and Addre						10. Name and Address of New Reg	istered Agent			
Si	HINALL, ANGELA				81	Name					
	848 ARROW LAKES [YEAVE SOUTH			_						
	ACKSONVILL FL 3225				82	Street A	ldress (P.O. Box Number is Not Acceptable	e)			
J.	AUNOUNVILL FL 3223	<i>n</i>			83		<u> </u>				
					84	City	A STATE OF THE STA	85	Zip Co	de	
			.,			<u> </u>	orporation submits this statement for the pu	FL 👸			
agent La SIGNATURE	am familiar with, and ac	cept the obligatio	ins of, Section 607.0	1505, Florida	a Statute	B.	ration's board of directors. I hereby accept	DATE			
12.		OFFICERS AND I		7101214	13.	and order	ADDITIONS/CHANGES TO OFFICE		CTORS	IN 12	
111 _L F	1		DEL	ETE	1.1 TITLE		P	Ch		Addition	
			,		1.2 NAME		Ronald B. Shinall II		•		
NAME:						I ADDRESS	848 Arrow Lakes Dr.	ς.			
STREET ADDISESS	,					I ADDRESS I					
C/TY+\$1+2/P	. ,			FIC	1.4 CITY-	ST-ZIP	Jacksonville, FL 32:	257	7070	Addition	
COTY+S1+20P TOTALE			DEC	ETE	1.4 CITY-1 2.1 TITLE	ST-ZIP	Jacksonville, FL 32:	257 □ CI	lange	Addition	
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I do hereby certify that the information supplied with this filing does not quality for the exemption stated in section 118-07(3)(f), Florida Statutes. 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 or an attachment with an address.

SIGNATURE

Alice Control Ahadela R. Shinall

2/15/97

904-880-4430