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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000033788 (6)

WEBBCO CARS & TRUCKS, INC.	0000700 (0)			
Principal Place of Business	Mailing Address		- 1 10015091 JAK (BEING BISA) BODIS BODIS 90191 90195 98/88/94	140 (110 (000) 1010 (010 (01) (01)
1600 S 14TH ST LEESBURG FL 34748 US	1600 S 14TH ST LEESBURG FL 34748 US		DO NOT WRITE IN THIS	SPACE
	•		3. Date Incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Address		04/17/1996 4. FEI Number	Applied For
21	26		NOT APPLICABLE	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional
22	27			Fee Required
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the cu	
24 25	29	30	Personal Property Tax due June 30.	Yes No_
9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent
ULLIAN, CAROLYN		81 Name		
1600 S 14TH STREET LEESBURG FL 34748		B2 Street Add	fress (P.O. Box Number is Not Acceptable)	
LECOBURG FL 34/46		83		
		84 City		85 Zip Code
			F <u>L</u>	<b>-</b>
<ol> <li>Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga</li> </ol>	2 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, Fl	tes, the above-named cor authorized by the corpora lorida Statutes.	poration submits this statement for the purpose oution's board of directors. I hereby accept the ap-	of changing its registered pointment as registered
SIGNATURE				
SIGNATURE	200	7. 6		
Signature, typed or printed name of registered ager		TE: Registered Agent signature requ		D DIRECTORS IN 12
Signature, typed or product name of registered ager  12. OFFICERS AND  THE D		TE Aggistered Agent signature required 13.	ked when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12 Change Addition
Signature, typed or pendind nume of registered ager  12. OFFICE RS AND  TITLE D  NAME ULLIAN, CAROLYN	DIRECTORS	13.		
12. OFFICE RS AND THE D ULLIAN, CAROLYN STREET ADDRESS 1600 S 14TH ST	DIRECTORS	13. 1.1 TITLE 1 2 NAME 1 3 STREET ADDRESS		
Signature, typed or present nume of registered agent	O DIRECTORS  DELETE	13. 1.1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1.4 CITY - ST-ZIP		Change Addition
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64 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 legat effect as if made under oath; that I am an officer or director of the corporation or the receiver or truete 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.

SIGNATURE:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PROLYN WILLIAM 4-12

4-18-78

**FILED** 

Apr 24 1998 8:00am

Secretary of State