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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

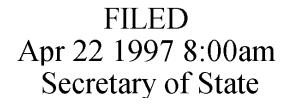
## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997

DOCUMENT # P96000096008 (3)

WEBSTER CONTRACTING INC.



Principal Place of Business	Mailing Address				n laddinaar hid tarin diski diski bakin dahin dakin sakin sakin sakin sakin bakin bakin kani kaan		
5117 CASTELLO DRIVE. SUITE 1 NAPLES FL 34103	5117 CASTELLO DRIVE. SUIT NAPLES FL 34103-1802	5117 CASTELLO DRIVE. SUITE 1 NAPLES FL 34103-1902					
					3. Date Incorporated or Qualified	3a. Date of Last F	Report
					11/18/1996		
. Principal Place of Business 2a. Mailing Address					4. FEI Number	} <del></del>	pplied For
21 Cuito Ass. M. sto	26 Suite Apt # ato	Suite, Apt. #, etc.			65-0712473		ot Applicable Additional
Suite, Apt. #, etc.	27 Suite, Apr. #, etc.				5. Certificate of Status Desired	T T T T	Additional
City & State	City & State	·-·			6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution		to Fees
Zip Country	Zip	Cou	ntry		8. This corporation has liability for int	angible tax under	s. 199.032,
24 25 9, Name and Address of 0		30			Florida Statutes  10. Name and Address of New Regi	Yes No	
	Autour Heftsroten Whent		81	Name 1		ereien väetr	
HENSLEY, KAREN			22		Kaney Hensley		
5117 CASTELLO DRIVE SUITE 1			82	Street Addre	ss (P.O. Box Number is Not Acceptable	2	}
NAPLES FL 34103			83	<del></del>			
			84	City		<b>85</b> Zip	Code
						FL   T	Ì
<ol> <li>Pursuant to the provisions of Sections 6t office or registered agent, or both, in the agent. I am familiar with, and accept the</li> </ol>	07.0502 and 607.1508, Florida Statutes State of Florida. Such change was au	s, the at ithorize	bove d by	-named corpo the corporation	pration submits this statement for the pu on's board of directors. I hereby accept	rpose of changing, the appointment as	its registered : s registered
agent. I am familiar with, and accept th	hbligations of, Section 607.0505, Flor	ida Stat	tutes.		•		-
SIGNATURE Significate typical or printed name of regist	loted agent and tille if applicable (NOTE	Registere	d Ager	nt signature require	d when reinstating)	DATE	
12. OFFICE	RS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE P/VP/T/S	☐ DELETE	1.1 TI	TLE			☐ Charge	RS IN 12 S
NAME michael webs	ter.	1.2 N	2 NAME				[5
STREET ADDRESS SITT CASTELLO	•			ADDRESS			DOEC 94
CIII-31-20	DELETE 21 22 23		TY-ST	- ZIP		Change	Addition C
TITLE			21 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			C. Chango	7,02,007
NAME STREET ADDRESS							}
CITY - ST- 7IP							1
TITLE	DELETE	3.1 T				Change	Addition
NAME		3.2 N	AME	ļ			
STREET ADDRESS		3.3 S	TREET	ADDRESS			
CITY-\$1-7IP	- DELETE		ITY-S	T-ZIP		Change	Addition
TITLE	☐ DELETE	4.1 (1				[_] Criange	L Addition
NAME Charlet Apoptos		4.21		ADDRESS		•	
STREET ADORESS  CHY-ST-ZIP			ITY-SI	Į		4	1
TITLE	DELETE	5.1 TITLE		<u> </u>		☐ Change	Addition
NAME		5.2 N	AME				1
STREET ADDRESS		5.3 S	TREET	ADDRESS			
COY-S1-ZIP		5.40	(TY-\$1	T-ZIP			
TITLE	☐ DELETE	6.1 T				Change	☐ Addition
NAME		6.2 N					ļ
STREET ADDRESS		1		ADDRESS			,
CITY-S1-ZIP		6.40	ITY-5	T-ZIP	7 6 7 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	17 ACT - 127 AC	

14. I do 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

SIGNATURE:

Daytime Phone # 0008339