

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED May 23, 2001 8:00 am Secretary of State

05-23-2001 90229 035 ***150.00

1999 2001

DOCUMENT # P97000050445

1. Corporation Name WEBSERV, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 12454 SPRING HILL DR. SPRING HILL FL 34609 Mailing Address 12454 SPRING HILL DR. PO Box 3685 SPRING HILL FL 34609

3. Date incorporated or Qualified 06/03/1997 4. FEI Number 59-3450567 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax.

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country 2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country 29. Zip Country 30.

9. Name and Address of Current Registered Agent MCCLLOUD, JOHN 12454 SPRING HILL DR. SPRING HILL FL 34609

10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 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 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 title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS DP MCCLLOUD, JOHN 13721 LINDEN DRIVE SPRING HILL FL 34609 DST CHAMBERLAND, DEBBIE 13721 LINDEN DRIVE SPRING HILL FL 34609

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 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 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 attachment with an address, with all other like empowered.

SIGNATURE: Debra Chamberland 4/30/01 686-1127 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #