

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:

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include DP MCCLLOUD, JOHN and DST CHAMBERLAND, DEBBIE.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows 11-14 for ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

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...

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