

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

DOCUMENT # P97000050445

1. Corporation Name
WEBSERV, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
~~12454 SPRING HILL DR.~~ 13721 LINDEN DR. ~~12454 SPRING HILL DR.~~ PO Box 3685
~~SPRING HILL FL 34609~~ SPRING HILL FL 34609 SPRING HILL FL 34609 SPRING HILL FL 34606

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	06/03/1997
22. City & State	27. City & State	4. FEI Number
23. Zip	28. Zip	59-3450567
24. Country	29. Country	Applied For
	30. Country	Not Applicable

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCCLLOUD, JOHN 12454 SPRING HILL DR. 13721 LINDEN DRIVE SPRING HILL FL 34609 SPRING HILL FL 34609	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLLOUD, JOHN	12 NAME	
STREET ADDRESS	12454 SPRING HILL DR. 13721 LINDEN DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34609 SPRING HILL FL 34609	14 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERLAND, DEBBIE	22 NAME	
STREET ADDRESS	12454 SPRING HILL DR. 13721 LINDEN DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34609 SPRING HILL FL 34609	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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: Debbie Chamberland 4/30/01 686-1127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #