

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

FILED  
Jun 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P97000091558 (1)**  
1. Corporation Name  
**WEBB-MCLEOD MANAGEMENT CONSULTANTS, INC.**



Principal Place of Business <b>1567 PHILIPS MANOR ROAD AMELIA ISLAND FL 32034</b>	Mailing Address <b>1567 PHILIPS MANOR ROAD AMELIA ISLAND FL 32034</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2004 Highland Drive</b> Suite, Apt. #, etc. 22 City & State 23 <b>Amelia Island, FL</b> Zip 24 <b>32034</b> 25 <b>Nassau</b>		2a. Mailing Address 26 <b>2004 Highland Drive</b> Suite, Apt. #, etc. 27 City & State 28 <b>Amelia Island FL</b> Zip 29 <b>32034</b> 30 <b>Nassau</b>		3. Date Incorporated or Qualified <b>10/23/1997</b>	
		4. FEI Number <b>59-3479772</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>WEBB, DIANE M 1567 PHILIPS MANOR ROAD AMELIA ISLAND FL 32034</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 of person changing office or registered agent (if applicable) (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	
NAME	<b>WEBB, DIANE M</b>		
STREET ADDRESS	<b>1567 PHILIPS MANOR ROAD</b>		
CITY-ST-ZIP	<b>AMELIA ISLAND FL 32034</b>		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	<b>Diane M. Webb</b>		
1.3 STREET ADDRESS	<b>2004 Highland Drive</b>		
1.4 CITY-ST-ZIP	<b>Amelia Island, FL 32034</b>		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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.

CR2E034 (10/97)