

FILED
Jan 07, 2004-08:00 AM
Secretary of State

DOCUMENT # P97000093184				Jan 07, 2004 08:00 AM Secretary of State	
1. Entity Name WEBBCOM CORPORATION					
Principal Place of Business 4801 ST. JOHNS AVENUE PALATKA, FL 32177		Mailing Address PO BOX 837 PALATKA, FL 32178			
DO NOT WRITE IN THIS SPACE					
				01052004 No Chg-P CR2E034 (10/03)	
				4. FEI Number 59-3477268	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBB, ROBERT W 4801 ST. JOHNS AVENUE PALATKA, FL 32177				DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PD WEBB, ROBERT W 4801 ST. JOHNS AVENUE PALATKA, FL 32177		 01/07/04-80007-002 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		V WEBB, DOUGLAS E 4801 ST. JOHNS AVENUE PALATKA, FL 32177			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		STD WEBB, HAZEL B 4801 ST. JOHNS AVENUE PALATKA, FL 32177		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE 		ROBERT W. WEBB 1/5/04 386-328-1955			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	