

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000105811 (8)**

1. Corporation Name

JAMES R. WEBB, P.A.



Principal Place of Business

**321 OLIVEWOOD PLACE, #0221
BOCA RATON FL 33431**

Mailing Address

**321 OLIVEWOOD PLACE, #0221
BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1997

4. FEI Number

65-0807806

Applied For

Not Applicable

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 **3139 Millwood Terr.**
Suite, Apt. #, etc.

22 **M-124**

23 **Boca Raton FL**

24 **33431**

25 **US**

2a. Mailing Address
26 **P.O. Box 7188**
Suite, Apt. #, etc.

27 **#**

28 **Boca Raton FL**

29 **33431**

30 **US**

9. Name and Address of Current Registered Agent

**WEBB, JAMES R
321 OLIVEWOOD PLACE, #0221
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name **James R. Webb**

82 Street Address (P.O. Box Number is Not Acceptable)

3139 Millwood Terr # M-124

83

84 City **Boca Raton**

FL

85 Zip Code
33431

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

James R. Webb

James R. Webb, Registered Agent

4/24/98

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **WEBB, JAMES R**
STREET ADDRESS **321 OLIVEWOOD PLACE, #0221**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **James R. Webb D.P.** ☒ Change ☐ Addition
1.2 NAME **3139 Millwood Terr # M-124**
1.3 STREET ADDRESS **Boca Raton, FL 33431**
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

James R. Webb **James R. Webb President 4/24/98 (561) 447-9678**

CR2E034 (10/97)