

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90041 004 ***150.00

DOCUMENT # P98000003399

1. Corporation Name

WEBHEAD VENTURES, INC.

Principal Place of Business

732 CRESTRIDGE DRIVE
TARPON SPRINGS FL 34689

Mailing Address

732 CRESTRIDGE DRIVE
TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1998

4. FEI Number

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 532 BRIDLE PATH WAY

Suite, Apt. #, etc.

22

City & State

23 TARPON SPRINGS FL

Zip Country

24 34689 25 USA

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 N/A

City & State

28 SAME

Zip

29 SAME

Country

30 SAME

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

12. OFFICERS AND DIRECTORS

TITLE PTD ☒ DELETE

NAME LAWRENCE, MELONY R
STREET ADDRESS 732 CRESTRIDGE DRIVE
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE SVD ☒ DELETE

NAME VASHO, PAUL J
STREET ADDRESS 732 CRESTRIDGE DRIVE
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addition

1.2 NAME VASHO, MELONY R.
1.3 STREET ADDRESS 532 BRIDLE PATH WAY
1.4 CITY-ST-ZIP TARPON SPRINGS, FL 34689

2.1 TITLE SVD ☒ Change ☐ Addition

2.2 NAME VASHO, PAUL J.
2.3 STREET ADDRESS 532 BRIDLE PATH WAY
2.4 CITY-ST-ZIP TARPON SPRINGS, FL 34689

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, with all other like empowered.

SIGNATURE:

Melony Lawrence Vasho

Date

Daytime Phone #

1-4-99 727 939-0311

CR2E034 (11/98)