

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

DOCUMENT # P98000084610

1. Corporation Name
ALEXANDER WEBB, INC.

Principal Place of Business
**4134 GULF OF MEXICO DRIVE, SUITE 302
LONGBOAT KEY FL 34228**

Mailing Address
**4134 GULF OF MEXICO DRIVE, SUITE 302
LONGBOAT KEY FL 34228**

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90204 050 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/01/1998

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 1760 GOLFVIEW DRIVE
Suite, Apt. #, etc.

2a. Mailing Address
26 1760 GOLFVIEW DRIVE
Suite, Apt. #, etc.

22 City & State
23 KISSIMMEE, FLORIDA

27 City & State
28 KISSIMMEE, FLORIDA

24 Zip Country
34746 U.S.A.

29 Zip Country
34746 U.S.A.

9. Name and Address of Current Registered Agent

**WEBB, REUBEN
4134 GULF OF MEXICO DRIVE, SUITE 302
LONGBOAT KEY FL 34228**

10. Name and Address of New Registered Agent

81 Name **WEBB, REUBEN**
82 Street Address (P.O. Box Number is Not Acceptable)
1760 GOLFVIEW DRIVE
83 **KISSIMMEE**
84 City **FL** 85 Zip Code **34746**

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

Reuben Webb

APRIL 14TH 1999

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 **D** ☒ DELETE
NAME **WEBB, REUBEN**
STREET ADDRESS **4134 GULF OF MEXICO DRIVE, SUITE 302**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **WEBB, REUBEN**
1.3 STREET ADDRESS **1760 GOLFVIEW DRIVE**
1.4 CITY-ST-ZIP **KISSIMMEE, FLORIDA 34746**

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, with all other like empowered.

SIGNATURE:

Reuben Webb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 518 1365

CR2E034 (11/98)