

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 # P98000088398

1. Corporation Name

DEDICATED WEB, INC.

Principal Place of Business

**20 SOUTH PARK AVENUE, SUITE B
APOPKA FL 32703**

Mailing Address

**20 SOUTH PARK AVENUE, SUITE B
APOPKA FL 32703**

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90062 020 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1998

4. FEL Number

59-3546520

☒ 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

21 159 Sable Palm Drive

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Longwood, FL

24 Zip Country

32779 USA

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**CYRUS, ROBERT R
214-A NORTH THIRD STREET
LEESBURG FL 34748**

10. Name and Address of New Registered Agent

81 Name RONALD E. SHAVER

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

159 SABLE PALM DR

83 City Longwood FL 85 Zip Code 32779

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

Ronald E. Shaver
Signature, typed or printed name of registered agent and title if applicable.

Ronald E. Shaver - President
(NOTE: Registered Agent signature required when reinstating)

2/2/99
DATE

12. OFFICERS AND DIRECTORS

TITLE D President ☐ DELETE
NAME SHAVAR, RON
STREET ADDRESS 20 SOUTH PARK AVENUE, SUITE B
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ DELETE
NAME James A. Shaver
STREET ADDRESS 159 Sable Palm Dr.
CITY-ST-ZIP Longwood, FL. 32779

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 President ☐ Change ☐ Addition
1.2 NAME SHAVAR, Ron
1.3 STREET ADDRESS 159 SABLE PALM DR.
1.4 CITY-ST-ZIP Longwood, FL. 32779

2.1 TITLE Vice President ☐ Change ☐ Addition
2.2 NAME SHAVAR, James A.
2.3 STREET ADDRESS 159 Sable Palm Dr.
2.4 CITY-ST-ZIP Longwood, FL. 32779

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)