

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

PROFIT
CORPORATION
ANNUAL REPORT
1999

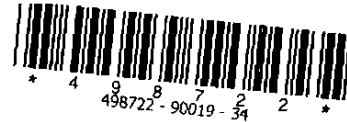


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90019 034 ***150.00

DOCUMENT # P98000103673
1. Corporation Name
Weblinc Inc.



Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2955 Cery Trace		2a. Mailing Address 26 PO Box 959		3. Date Incorporated or Qualified 12/14/98	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3553792	
City & State Tallahassee FL		City & State 28 Thomasville Ga.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32308		Zip 29 31799		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 USA		Country 30 USA		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
Signature, typed or printed name of registered agent and title if applicable William Lawler				81 Name William Lawler	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83 2955 Cery Trace	
				84 City Tallahassee	
				85 Zip Code FL 32308	

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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

NATURE Signature, typed or printed name of registered agent and title if applicable
William Lawler

(NOTE: Registered Agent signature required when reinstating)

DATE 4/21/99

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ADDRESS	DELETED	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP	DELETED	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	DELETED	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP	DELETED	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	DELETED	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP	DELETED	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	DELETED	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP	DELETED	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	DELETED	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP	DELETED	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	DELETED	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP	DELETED	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	DELETED	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP	DELETED	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	DELETED	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP	DELETED	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	DELETED	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP	DELETED	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	DELETED	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP	DELETED	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	DELETED	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP	DELETED	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	DELETED	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP	DELETED	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 I am not 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.