

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

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Mar 28 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S10880** (0)

1. Corporation Name  
**WEBB FOODS, INC.**



Principal Place of Business <b>313 RIO PINAR TRL ORMOND BEACH FL 32174</b>	Mailing Address <b>1 JOHN ANDERSON DR 620 ORMOND BEACH FL 32176-5780 US</b>
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3. Date Incorporated or Qualified <b>10/08/1990</b>	3a. Date of Last Report <b>07/12/1996</b>
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2. Principal Place of Business 21 <b>ONE JOHN ANDERSON JR.</b> Suite, Apt. #, etc. 22 <b>#620</b> City & State 23 <b>ORMOND BEACH, FLORIDA</b> Zip 24 <b>32176</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 <b>USA</b>	4. FEI Number <b>59-3035168</b> Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**NOELL, GILBERT N JR  
1 JOHN ANDERSON DR  
UNIT 620  
ORMOND BCH FL 32176**

10. Name and Address of New Registered Agent

81 Name <b>NOELL, GILBERT W. JR.</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>ONE JOHN ANDERSON JR.</b>	83 <b>Unit 620</b>	84 City <b>ORMOND BEACH</b>	FL	85 Zip Code <b>32176</b>
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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

**DNA**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	NAME <b>DUPREE, GEROGE D</b> <b>GEORGE</b>	1.1 TITLE <b>V. VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>220 S RIDGEWOOD AVE</b>	CITY-ST-ZIP <b>DAYTON BEACH FL</b>	1.2 NAME <b>JACQUELYN T. NOELL</b>	
TITLE <b>ST</b>	NAME <b>NOELL, GILBERT W., JR.</b>	1.3 STREET ADDRESS <b>ONE JOHN ANDERSON JR.</b>	
STREET ADDRESS <b>1 JOHN ANDERSON DR #620</b>	CITY-ST-ZIP <b>ORMOND BCH FL</b>	1.4 CITY-ST-ZIP <b>ORMOND BEACH, FL 32176</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VP</b>	NAME <b>DISCH, BRAD A</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>8 TARA PLACE</b>	CITY-ST-ZIP <b>ORMOND BEACH FL</b>	2.2 NAME	
TITLE <b>AST</b>	NAME <b>ROBINSON, NANCY NOELL</b>	2.3 STREET ADDRESS	
STREET ADDRESS <b>4501 JUANITA WAY SOUTH</b>	CITY-ST-ZIP <b>ST PETERSBURG FL</b>	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

14. I do 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 in an attachment to an address.

SIGNATURE: **GILBERT W. NOELL JR.** **SEO-TRAAS**

**3.22.97**

**904-677-3753**  
**904-672-1910**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0021447

CR2E034 (9/96)