

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 # S10880

1. Corporation Name

WEBB FOODS, INC.

Principal Place of Business

ONE JOHN ANDERSON DR
#620
ORMOND BCH FL 32176
US

Mailing Address

1 JOHN ANDERSON DR
620
ORMOND BEACH FL 32176
US

2. Principal Place of Business

21 172 Riverside Drive

22 City & State

Ormond Beach, FL

23 Zip

24 32118 25 U.S.A.

2a. Mailing Address

26 172 Riverside Drive

27 City & State

Ormond Beach, FL

28 Zip

29 32118 30 U.S.A.

9. Name and Address of Current Registered Agent

NOELL JR, GILBERT W
ONE JOHN ANDERSON DR
UNIT 620
ORMOND BCH FL 32176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1990

4. FEI Number

59-3035168

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

10. Name and Address of New Registered Agent

81 Name

82

83

84

172 Riverside Drive
Ormond Beach, FL 32176

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
P	DUPREE, GEORGE D	220 S RIDGEWOOD AVE	DAYTON BEACH FL	
ST	NOELL, GILBERT W., JR.	1 JOHN ANDERSON DR #620	ORMOND BCH FL	
VP	DISCH, BRAD A	8 TARA PLACE	ORMOND BEACH FL	
AST	ROBINSON, NANCY NOELL	4501 JUANITA WAY SOUTH	ST PETERSBURG FL	
VVP	NOELL, JACQUELYN T	ONE JOHN ANDERSON DR UNIT 620	ORMOND BCH FL	
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		197 Deer Lake Circle	Ormond Beach, FL 32174	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		172 Riverside Drive	Ormond Beach, FL 32176	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		172 Riverside Drive	Ormond Beach, FL 32176	
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Robert A. Harris SECRETARY-TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 6, 1999 3753
Date Daytime Phone #

CR2E034 (11/98)

0027642