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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$31374

(9)

WEBB'S GARAGE, INC.

rincipal Place of Business	 Mailing Address
86 W CENTRAL BLVD	666 W CENTRAL

FILED Mar 16 1998 8:00am Secretary of State



BLVD DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/13/1991 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3055960 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 23 Zip Country This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes Yes 24 25 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent O'ROURKE, JOHN R 5004 MARINA DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) ST CLOUD FL 34771 83 Zip Code 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 prace of registered agend and the idiograph while (NC) E. Registered Agent signature required when reliastating) DATE P				
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	IE 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
NAME	O'ROURKE, JOHN R	1.2 NAME		
STREET ADDRESS	5004 MARINA DR	1.3 STREET ADDRESS	Channe C Addition	
CITY-ST-ZIP	ST CLOUD FL 34771	1.4 CITY+ST-ZIP		
THILE	DELF	TE 2.1 TITLE	Change Addition	
NAME		22 NAME	i	
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		2: 4 CITY-ST-ZIP		
TITLE	DELE	TE 3.1 TITLE	☐ Change ☐ Addition	
NAME		3.2 NAME		
STREET ADDRESS		33 STREET ADORESS		
CITY-ST-ZIP		3 4. CITY-ST-ZIP		
TITLE	Deter Deter	E 4.1 TITL€	☐ Change ☐ Addition	
NAME		4. 2 NAME	}	
STREET ADDRESS		4.3 STREET ADDRESS		
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TITLE	DELFT	TE 5.1 TITLE	☐ Change ☐ Addition	
NAME		5.2 NAME	i	
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP	<u> </u>	
TITLE	DELET	E 61 TITLE	☐ Change ☐ F · · · ·	
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS	ℓ	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<u>'</u>	

14. Thereby 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 natural report or supplicemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am officer or director of the corporation or the roceiver 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 quent attachment with an address

SIGNATURES

(4m) 849.0216