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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$49469

FILED Feb 10, 1999 8:00am Secretary of State

02-10-1999 90051 019 ***150.00

1. Corporation WEBBS		& LANDSCA) 			
									1 1		
Principal Place	e of Business	5		ailing Address							
P.O. BOX 934 APOPKA FL 32704				P.O. BOX 934 APOPKA FL 32704				DO NOT WRITE I	N THIS SDACE		
								3. Date Incorporated or Qualifed	N THIS SPACE	· · · · · · · · · · · · · · · · · · ·	٦
								04/29/1991			
2. Principal P	Place of Busin	ess	2a.	. Mailing Address				4. FEI Number	A	pplied For	١.
21				26				59-3066685	N	lot Applicable	٠,
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required	
City & Stat			27	. City & State				6 Election Campaign Financing		May Be	┪
23	ıe		28	. Only & Charle			-	Trust Fund Contribution		to Fees	
Zip		Country		Zip	Cou	ntry		8. This corporation owes the current	year Intangible		
24	[25	29		30			Personal Property Tax.	☐ Yes	□No	_
	9. Name	and Address of	Current Regis	stered Agent				10. Name and Address of New Regi	stered Agent		4
DOD	IST, GARY	D				81 Na	me				
	N ORANGE					82 Str	eet Addre	ess (P.O. Box Number is Not Acceptable			
STE 2100										0.135	
ORL	ANDO FL 3	2801				24 20		1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	les 7:-		4
1						84 Cit			FL	Code	
11. Pursuant	renietered an	ions of Sections (607.0502 and 6	307.1508, Florida Stati	utes, the al	oove-nar	ned corpo	ration submits this statement for the pur	oose of changing it	s registered enistered	
agent. I a	ım familiar wi	th, and accept the	e obligations of	da. Such change was f, Section 607.0505, Fl	authorized	hv the d	orporatio	n's board of directors. I hereby accept th	е арропшнент аз т	ogiotoroa	
agent. I a	ım familiar wi	th, and accept the	e obligations of	, Section 607.0505, Fi	authorized Iorida Statu	by the cutes.	orporatio	n's board of directors. I nereby accept th			
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14. 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

1-20-99 409-880-8660