

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 AUG -9 PM 12:09**

**DOCUMENT # L72440 (5)**  
1. Corporation Name  
**WEB AWAY, INC.**

Principal Place of Business      Mailing Address  
**10165 NORTHWEST 8TH LANE  
OCALA FL 34482  
US**                                      **10165 NORTHWEST 8TH LANE  
OCALA FL 34482  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**05/10/1990**                                      **08/05/1994**

2. Principal Place of Business      2a. Mailing Address  
21    26  
Suite, Apt. #, etc.                              Suite, Apt. #, etc.  
22    27  
City & State                                      City & State  
23    28  
Zip    Zip    Country  
24    25    29    30

4. FEI Number      Applied For  
**59-3009520**                                      Not Applicable  
5. Certificate of Status Desired      \$8.75 Additional Fee Required  
                                        
6. Election Campaign Financing      \$5.00 May Be Added to Fees  
Trust Fund Contribution        
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**PLUMMER, DONALD E.  
10165 NORTHWEST 8TH LANE  
OCALA FL 34482**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      FL      85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>DPT</b>
NAME	<b>PLUMMER, DONALD E.</b>
STREET ADDRESS	<b>10165 NW 8TH LANE</b>
CITY - ST - ZIP	<b>OCALA FL</b>
TITLE	<b>DVP</b>
NAME	<b>PLUMMER, SONJA ANN</b>
STREET ADDRESS	<b>10165 NW 8TH LANE</b>
CITY - ST - ZIP	<b>OCALA FL</b>
TITLE	<b>S</b>
NAME	<b>PLUMMER, SONJA ANN</b>
STREET ADDRESS	<b>10165 NW 8TH LANE</b>
CITY - ST - ZIP	<b>OCALA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: *Sonja Ann Plummer*      Date: 8/5/95      Daytime Phone: 904-854-1292  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)