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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L72440**

1. Corporation Name
WEB AWAY, INC.



Principal Place of Business 10165 NORTHWEST 8TH LANE OCALA FL 34482 US	Mailing Address 10165 NORTHWEST 8TH LANE OCALA FL 34482 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/10/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3009520	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> 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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PLUMMER, DONALD E		1.2 NAME		
STREET ADDRESS	10165 NW 8TH LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34482		1.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PLUMMER, SONJA		2.2 NAME		
STREET ADDRESS	10165 NW 8TH LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34482		2.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARTH, CHARLIE		3.2 NAME		
STREET ADDRESS	1166 S.E. 44TH AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34471		3.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSE, LINDA A		4.2 NAME		
STREET ADDRESS	39 FENWICK COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	GRAYSON GA 30221		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARCUM, JOHN S		5.2 NAME		
STREET ADDRESS	5014 GUNN HIGHWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EUBANKS, RICHARD		6.2 NAME		
STREET ADDRESS	1917 N.E. 9TH STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34470		6.4 CITY-ST-ZIP		

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: *Sonja Plummer* *Sonja Plummer* 5/29/99 352 854 1292
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)