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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 432358 (0)

**1. Corporation Name
W-W SALES ASSOCIATES INC**

**Principal Place of Business Mailing Address
1515 RIVERSIDE AVE STE A JAX FL 32204 1515 RIVERSIDE AVE STE A JAX FL 32204**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/07/1973 3a. Date of Last Report 02/06/1994

4. FEI Number 59-1476671 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 has liability for intangible tax under S. 199.032, Florida Statutes [] Yes [X] No

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

9. Name and Address of Current Registered Agent
**FRAZIER, WILLIAM R
1515 RIVERSIDE AVE STE A
JAX, FL
32204**

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

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 not file if applicable NOTE: Registered Agent signature required when voiding

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLHOITE, RUTH S
STREET ADDRESS	112 PILGRIM CT
CITY - ST - ZIP	BLACKWOOD, NJ 08000
TITLE	VD
NAME	WILLHOITE, JAMES M
STREET ADDRESS	112 PILGRIM CT
CITY - ST - ZIP	BLACKWOOD, NJ 08000
TITLE	D
NAME	WILLHOITE, BRIAN M.
STREET ADDRESS	111 DELAWARE AVE.
CITY - ST - ZIP	WILLIAMSTOWN NJ
TITLE	D
NAME	WILLHOITE, PAMELA R.
STREET ADDRESS	112 PILGRIM CT.
CITY - ST - ZIP	BLACKWOOD NJ
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 110.07(3)(a), 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: *James M. Willhoite* **3/30/95** (904) 353-5616
James M. Willhoite, Vice President

PLEASE SIGN & DATE