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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 496461 1. Corporation Name

WESTERN WORLD, INC.

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90087 017 ***150.00



Principal Place of Business Mailing Address							II AIBII BIBII AIDI	[
249 BLANDING BLVD. 249 BLANDING BLVD. ORANGE PARK FL 32073 ORANGE PARK FL 32073						DO NOT WRITE IN TH	IIS SPACE		
						3. Date Incorporated or Qualifed		·//··	ļ
		•				02/11/1976			
2. Principal Place of Business 2a. Mailing Address						FEI Number Applied For			1
21	26					59-1635146	Not Applicable		1
Suite, Apt. #, etc. Suite, Apt. #, etc.				~		_	\$8.75	Additional	
27						5. Certificate of Status Desired	Fee F	Required	1
City & State	e 7, ,	City & State	City & State			- 6Election Campaign Financing \$5.00 May Be			
23	* Y ₁	28				Trust Fund Contribution	Adde	to Fees	-
Zip	Country Zip			intry		8. This corporation owes the current year		r	
			30			Personal Property Tax.	Yes	□No	┨
	9. Name and Address of Curre	nt Registered Agent		1041	N	10. Name and Address of New Register	ed Agent	- · ·	┥
ANDEDOME IOU ID				81	Name				
ANDERSON, JOE H., JR.				82	Street Addre	ss (P.O. Box Number is Not Acceptable)]
STATE HWY. 349 OLD TOWN FL 32680									┨
010	10WN PL 32000			83					
Ì				84	City		. 85 Zi	Code	1
				LЦ			<u>L</u> 00 2	* "intornal	┦
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth					ne comoration	ration submits this statement for the purpose n's board of directors. I hereby accept the ap	or cnanging i pointment as	registered	1
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Fi	orida Stat	utes.		•			}
SIGNATURE						when reinstating) DATE			1
	Signature, typed or printed name of registered age	ent and title if applicable. (NOT ND DIRECTORS	E: Registered	Agent	signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12	┨
TITLE	VM	DELETE	1.1 TI	TLE		ADDITIONS/CHANGES TO OFFICERO	Change		1
{	FLETCHER, DAN	_	1.2 N/						-
NAME	2840 MARION CT W				ADDRESS				
STREET ADDRESS			ITY-ST						
CITY-ST-ZIP	VDS	☐ DELETE	2.1 TI				Change	Addition	1
NAME	WALL, HARRIETT		2.2 N	AME					}
STREET ADDRESS	•		TREET	ADDRESS				Ì	
CITY-ST-ZIP			2.40	ITY-ŠT	r•ZIP				, ز
TITLE				3.1 TITLE			☐ Chang	e	1
NAME	ANDERSON, JOE H, JR		3.2 N	AME					}
STREET ADDRESS	STATE HWY 349		3.3 S	TREET	ADDRESS				1
CITY-ST-ZIP	OLD TOWN FL 32680		3.4. C	ITY-ST	r-zip				1
TITLE		☐ DELETE	4.1 TI	TLE			Chang	e [] Addition	
NAME			4. 2 N	IAME					
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP			4.4 C	ITY-ST	-ZIP]
TITLE		☐ DELETE	5.1 Ti				☐ Chang	e	Ì
NAME			. 5.2 N						
STREET ADDRESS			1		ADDRESS	रेट्डीश भी क्रांस कार्त कार्ता जाने केट्डी दिन क्रांस	ا د د د اد د اد د د اد د د د د د د د د د	general bereit	
CITY-ST-ZIP				ITY-ST	-ZIP	로 하는데 없는 것이 없는데 하는데 하는데 하는데 되는데 되는데 되는데 되는데 되는데 하는데 되는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하			4
TITLE		☐ DELETE	6.1 TI			-	☐ Chang	e Addition	
NAME			6.2 N						
STREET ADDRESS			6.3 S	TREET	ADDRESS				
CITY OT 710	†		6.4 C	ITY-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 receiven or rostee 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 por an attachment with an address, with all other like empowered.