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

Mailing Address

PO BOX 1738

26

27

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1958 MONROE DR NE

ATLANTA GA 30324

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 588432 1. Corporation Name

Country

W FOUR, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

1958 MONROE DR NE

ATLANTA GA 30324

PO BOX 1738

21

22

23

24

Zip

Mar 23, 1999 8:00 am **Secretary of State**

03-23-1999 90025 027 ***150.00

	DO NOT WRITE IN THIS SPACE				
	3. Date Incorporated or Qualifed 09/27/1978				
	4. FEI Number	Applied For			
	58-1347112	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			
•	This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes ☐ No			

25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** 83 Zip Code City

Country

30

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, and accept the obligations of Section 607.0505. Elected Statutes

agent. I a	m familiar with, and accept the obligations of, S	ection 607,0505, Fior	da Statutes,		•	
SIGNATURE	Signature, typed or printed name of registered agent and title if a	olicable. (NOTE:	Registered Agent signature required	d when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1,1 TITLE		☐ Change	☐ Addition
NAME	WATKINS, W B IV		1.2 NAME			
STREET ADDRESS	1144 W. GRIFFIN RD.		1.3 STREET ADDRESS		•	
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP			
TITLE	ST	☐ DELETE	2.1 TITLE	•	☐ Change	☐ Addition
NAME	READY, GEORGE W		2.2 NAME			
STREET ADDRESS	1958 MONROE DR NE		2.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA, GA 00000	·	2. 4 CITY-ST-ZIP		<u> </u>	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	FREEMAN, W A		3.2 NAME			
STREET ADDRESS	1958 MONROE DR NE		3.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA, GA_00000		3.4. CITY-ST-ZIP			
TITLE	D	X DELETE	4.1 TITLE		Change	☐ Addition
NAME	WATKINS, BILL		4, 2 NAME			
STREET ADDRESS	1958 MONROE DR NE		4.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA, GA 00000		4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP		1.6 41 - 116 41 - 44 - 1	

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 supplied ental 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 of 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:

SEC/TREAS

3-12-99

404-872-3841