

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

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**Mar 13 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 818481

(4)

W.S. NEWELL INCORPORATED



**P.O. BOX 241327
MONTGOMERY AL 36124**

**P.O. BOX 241327
MONTGOMERY AL 36124-1327**

2. Fiscal Year of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	22	26	27	02/09/1965	02/06/1996
23		28		4. FEI Number	Applied For
24		29		63-0453037	Not Applicable
25		30		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	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BACON, EARL
1602 W. PLAZA DR.
EASTWOOD OFFICE PLAZA
TALLAHASSEE FL 32302

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

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or changing its 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 familiar with and accept the obligations of Section 607.0605, Florida Statutes.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	POSITION	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NEWELL, W S	VP	1.2 NAME	
10480 HIGHWAY 80 EAST		1.3 STREET ADDRESS	
MONTGOMERY AL 36117		1.4 CITY - ST - ZIP	
SAM NEWELL	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10480 HIGHWAY 80 EAST		2.2 NAME	
MONTGOMERY AL 36117		2.3 STREET ADDRESS	
VP		2.4 CITY - ST - ZIP	
KEITH NEWELL		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10480 HIGHWAY 80 EAST		3.2 NAME	
MONTGOMERY AL 36117		3.3 STREET ADDRESS	
S		3.4 CITY - ST - ZIP	
NEWELL, SADIE P		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10480 HIGHWAY 80 EAST		4.2 NAME	
MONTGOMERY AL 36117		4.3 STREET ADDRESS	
VD		4.4 CITY - ST - ZIP	
NEWELL, D K		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
US 80 E		5.2 NAME	
MONTGOMERY AL		5.3 STREET ADDRESS	
AS		5.4 CITY - ST - ZIP	
DERICKSON, T M		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
US 80 E		6.2 NAME	
MONTGOMERY AL		6.3 STREET ADDRESS	
		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 included on this statement 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 a director, officer, or agent 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 on Block 13 or Block 13A attached to or on an attachment with an address.

SIGNATURE: *W.S. Newell* **3-4-97** **334 215 8000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE EXPIRES

CR2E034 (9/96)