

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

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 818481 (4)

1. Corporation Name
W.S. NEWELL INCORPORATED



Principal Place of Business P.O. BOX 241327 MONTGOMERY AL 36124	Mailing Address P.O. BOX 241327 MONTGOMERY AL 36124
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

3. Date Incorporated or Qualified 02/09/1965	
4. FEI Number 63-0453037	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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 607.0502 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWELL, W S	1.2 NAME
STREET ADDRESS	10480 HIGHWAY 80 EAST	1.3 STREET ADDRESS
CITY-ST-ZIP	MONTGOMERY AL 36117	1.4 CITY-ST-ZIP
TITLE	VP	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAM NEWELL	2.2 NAME
STREET ADDRESS	10480 HIGHWAY 80 EAST	2.3 STREET ADDRESS
CITY-ST-ZIP	MONTGOMERY AL 36117	2.4 CITY-ST-ZIP
TITLE	VP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEITH NEWELL	3.2 NAME
STREET ADDRESS	10480 HIGHWAY 80 EAST	3.3 STREET ADDRESS
CITY-ST-ZIP	MONTGOMERY AL 36177	3.4 CITY-ST-ZIP
TITLE	S	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWELL, SADIE P	4.2 NAME
STREET ADDRESS	10480 HIGHWAY 80 EAST	4.3 STREET ADDRESS
CITY-ST-ZIP	MONTGOMERY AL 36117	4.4 CITY-ST-ZIP
TITLE	VD	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWELL, D K	5.2 NAME
STREET ADDRESS	US 80 E	5.3 STREET ADDRESS
CITY-ST-ZIP	MONTGOMERY AL	5.4 CITY-ST-ZIP
TITLE	AS	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERICKSON, T M	6.2 NAME
STREET ADDRESS	US 80 E	6.3 STREET ADDRESS
CITY-ST-ZIP	MONTGOMERY AL	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.

SIGNATURE _____ DATE _____

CP2E034 (10/97)