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FILED
Feb 09, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-09-1999 90029 018 ****150.00

DOCUMENT # **818481**

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/09/1965	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		63-0453037	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		6. Election Campaign Financing	
25		30		<input type="checkbox"/> Trust Fund Contribution <input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax.	
BACON, EARL 1602 W. PLAZA DR. EASTWOOD OFFICE PLAZA TALLAHASSEE FL 32302				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BACON, EARL 1602 W. PLAZA DR. EASTWOOD OFFICE PLAZA TALLAHASSEE FL 32302				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P NEWELL, W S	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 SAM NEWELL	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 KEITH NEWELL	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 NEWELL, SADIE P	4.1 TITLE	<input checked="" 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 NEWELL, D K	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 DERICKSON, T M	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, with all other like empowered.

SIGNATURE: **T. M. DERICKSON** SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99 (334) 215-8000
 Date Daytime Phone #

CR2E034 (1/98)