

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # 818481

1. Entity 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**



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-0453037

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BACON, EARL
1602 W. PLAZA DR.
EASTWOOD OFFICE PLAZA
TALLAHASSEE, FL 32302**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NEWELL, W S
STREET ADDRESS	10480 HIGHWAY 80 EAST
CITY - ST - ZIP	MONTGOMERY, AL 36117
TITLE	VP
NAME	SAM NEWELL
STREET ADDRESS	10480 HIGHWAY 80 EAST
CITY - ST - ZIP	MONTGOMERY, AL 36117
TITLE	VP
NAME	KEITH NEWELL
STREET ADDRESS	10480 HIGHWAY 80 EAST
CITY - ST - ZIP	MONTGOMERY, AL 36117
TITLE	S
NAME	NEWELL, SADIE P
STREET ADDRESS	10480 HIGHWAY 80 EAST
CITY - ST - ZIP	MONTGOMERY, AL 36117
TITLE	VD
NAME	NEWELL, D K
STREET ADDRESS	US 80 E
CITY - ST - ZIP	MONTGOMERY, AL
TITLE	AS
NAME	DERICKSON, T M
STREET ADDRESS	US 80 E
CITY - ST - ZIP	MONTGOMERY, AL

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01/19/05-80051-008 150.00

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IN THIS SPACE**

12. 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 report or supplemental 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 this 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 10 or Block 11 if changed, or on an attachment with an address, with all other file empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #