


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State, DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS																																																													
DOCUMENT # F47067 (6) 1. Corporation Name DOUBLE WW WESTERN STORE, INC.		95 MAY - 1 AM 10:12																																																															
Principal Place of Business C/O NORMA L. WEBB 1709 THONOTOSASSA RD PLANT CITY FL 33566		Mailing Address C/O NORMA L. WEBB 1709 THONOTOSASSA RD PLANT CITY FL 33566		DO NOT WRITE IN THIS SPACE																																																													
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 10/01/1981 3a. Date of Last Report 04/21/1994 4. FEI Number 59-2124539 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 7. 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 WEBB, NORMA L. 1801 THONOTOSASSA RD. PLANT CITY FL 33566			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 reappointing) DATE _____																																																																	
12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 90%;">DV WEBB, NORMA L RT 1, BOX 1976 PLANT CITY, FL 00000</td> </tr> <tr> <td>TITLE</td> <td>D WEBB, WILLIAM L RT 1, BOX 1976 PLANT CITY, FL 00000</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> </table>			TITLE	DV WEBB, NORMA L RT 1, BOX 1976 PLANT CITY, FL 00000	TITLE	D WEBB, WILLIAM L RT 1, BOX 1976 PLANT CITY, FL 00000	TITLE		TITLE		TITLE		TITLE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">11 TITLE</td> <td style="width: 90%;">Change Addition</td> </tr> <tr> <td>12 NAME</td> <td></td> </tr> <tr> <td>13 STREET ADDRESS</td> <td></td> </tr> <tr> <td>14 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>21 TITLE</td> <td>Change Addition</td> </tr> <tr> <td>22 NAME</td> <td></td> </tr> <tr> <td>23 STREET ADDRESS</td> <td></td> </tr> <tr> <td>24 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>31 TITLE</td> <td>Change Addition</td> </tr> <tr> <td>32 NAME</td> <td></td> </tr> <tr> <td>33 STREET ADDRESS</td> <td></td> </tr> <tr> <td>34 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>41 TITLE</td> <td>Change Addition</td> </tr> <tr> <td>42 NAME</td> <td></td> </tr> <tr> <td>43 STREET ADDRESS</td> <td></td> </tr> <tr> <td>44 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>51 TITLE</td> <td>Change Addition</td> </tr> <tr> <td>52 NAME</td> <td></td> </tr> <tr> <td>53 STREET ADDRESS</td> <td></td> </tr> <tr> <td>54 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>61 TITLE</td> <td>Change Addition</td> </tr> <tr> <td>62 NAME</td> <td></td> </tr> <tr> <td>63 STREET ADDRESS</td> <td></td> </tr> <tr> <td>64 CITY - ST - ZIP</td> <td></td> </tr> </table>			11 TITLE	Change Addition	12 NAME		13 STREET ADDRESS		14 CITY - ST - ZIP		21 TITLE	Change Addition	22 NAME		23 STREET ADDRESS		24 CITY - ST - ZIP		31 TITLE	Change Addition	32 NAME		33 STREET ADDRESS		34 CITY - ST - ZIP		41 TITLE	Change Addition	42 NAME		43 STREET ADDRESS		44 CITY - ST - ZIP		51 TITLE	Change Addition	52 NAME		53 STREET ADDRESS		54 CITY - ST - ZIP		61 TITLE	Change Addition	62 NAME		63 STREET ADDRESS		64 CITY - ST - ZIP	
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: <u><i>Sandra B. Mortham</i></u> 1/23/95 <small>(Signature and typed or printed name of signing officer or director)</small>																																																																	