

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 07 1997 8:00am
Secretary of State

DOCUMENT # **G19212**

(1)

1. Corporation Name

WWH ENTERPRISES, INC.



Principal Place of Business

**4000 B ST JOHNS AVE
STE 26
JACKSONVILLE BCH FL 32250
US**

Mailing Address

**4000 B ST JOHNS AVE
STE 26
JACKSONVILLE BCH FL 32205-8357
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**HAZLETT, PAUL B
4000 B ST JOHNS AVE
STE 26
JACKSONVILLE BCH FL 32250**

3. Date Incorporated or Qualified

01/18/1983

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2249467

Applied For

Not Applicable

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

☐ Yes

☒ No

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

Signature of officer or director of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME: **PD
WALTON, W H JR**
STREET ADDRESS: **4000-B ST. JOHNS AVE**
CITY- ST- ZIP: **JAX, FL 00000**

TITLE ☐ DELETE

NAME: **VTD
WEED, J.D., JR.**
STREET ADDRESS: **4000-B ST. JOHNS AVE**
CITY- ST- ZIP: **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME: **VSD
HAZLETT, PAUL B**
STREET ADDRESS: **4000 B ST JOHNS AVE 26**
CITY- ST- ZIP: **JACKSONVILLE BCH FL**

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY- ST- ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE:

Paul B. Hazlett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 904-384-2400
Date Daytime Phone #

CR2E034 (9/96)