

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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 32250
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **1230 Belvedere Ave.**
Suite, Apt. #, etc.
22
City & State
23 **Jacksonville, FL**
Zip
24 **32205** Country
25 **U.S.A.**

2a. Mailing Address
26 **1230 Belvedere Ave.**
Suite, Apt. #, etc.
27
City & State
28 **Jacksonville, FL**
Zip
29 **32205** Country
30 **U.S.A.**

3. Date Incorporated or Qualified
01/18/1983

4. FEI Number
59-2249467

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1230 Belvedere Ave.
83
84 City **Jacksonville** FL 85 Zip Code **32205**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTON, W H JR	1.2 NAME	
STREET ADDRESS	4000-B ST. JOHNS AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JAX, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEED, J.D., JR.	2.2 NAME	
STREET ADDRESS	4000-B ST. JOHNS AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	VSD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAZLETT, PAUL B	3.2 NAME	
STREET ADDRESS	4000 B ST JOHNS AVE 26	3.3 STREET ADDRESS	1230 Belvedere Ave
CITY-ST-ZIP	JACKSONVILLE BCH FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32205
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

Paul R. Hazlett Vice Pres. 4/28/98 904-388-4384

CR2E034 (10/97)