

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # J66060

1. Corporation Name

W. W. INVESTMENTS, INC.

Principal Place of Business

1029 NE 10TH PLACE
GAINESVILLE FL 32601
US

Mailing Address

P O BOX 5484
GAINESVILLE FL 32627
US

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90098 040 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1987

4. FEI Number

59-2816397

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

WILSON, WARREN E.
1029 NE 10TH PL
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name

WILSON, WARREN E

82 Street Address (P.O. Box Number is Not Acceptable)

7235 SE 7TH PLACE

83

84 City

GAINESVILLE

FL

85 Zip Code

32641

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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WILSON, WARREN E.	
STREET ADDRESS	1029 NE 10TH PL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	WILSON, GERMAINE R.	
STREET ADDRESS	1029 NE 10TH PL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILSON, WARREN E.	
1.3 STREET ADDRESS	7235 SE 7TH PLACE	
1.4 CITY-ST-ZIP	GAINESVILLE FL 32641	
2.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILSON, GERMAINE R.	
2.3 STREET ADDRESS	7235 SE 7TH PLACE	
2.4 CITY-ST-ZIP	GAINESVILLE FL 32641	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

Date

352-376-2768

Daytime Phone #

CR2E034 (1/1/98)