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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000011393 (5)

1. Corporation Name
WA & WV INC

Principal Place of Business

221 RIVERSIDE DRIVE
WESTBAY COVE. #112
MADISON WV 25130
US

Mailing Address

P.O. BOX 507
WESTBAY COVE. #112
MADISON WV 25130-0507
US



3. Date Incorporated or Qualified
12/11/1992

3a. Date of Last Report
04/16/1996

4. FEI Number
55-0721345

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

2. Principal Place of Business

21 221 Riverside Drive
Suite, Apt. #, etc.

2a. Mailing Address

26 P. O. Box 507
Suite, Apt. #, etc.

22 City & State

23 Madison WV

24 Zip 25130

25 Country US

27 City & State

28 Madison WV

29 Zip 25130

30 Country US

9. Name and Address of Current Registered Agent

DORIS BUNNELL P.A.
608 15TH STREET WEST
BRADENTON FL 34205

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
P	ROBINSON, A.F.	221 RIVERSIDE DRIVE	MADISON WV	<input type="checkbox"/>
VP	ROBINSON, A. F.	221 RIVERSIDE DRIVE	MADISON WV	<input type="checkbox"/>
S	ROBINSON, A.F.	221 RIVERSIDE DRIVE	MADISON WV	<input type="checkbox"/>
T	ROBINSON, A. F.	221 RIVERSIDE DRIVE	MADISON WV	<input type="checkbox"/>
D	ROBINSON, A F	221 RIVERSIDE DRIVE	MADISON WV	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A.F. Robinson, PVSTD

3/20/97

(304) 369-4687

CP2E034 (9/96)