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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000010161 (4)

DOCUMENT # 1. Corporation Name

WW PROPERTIES, OF PINELLAS COUNTY, INC.

WW PROPERTIES, OF PINELLAS COUNTY, INC.						
Principal Place of	Business	Mailing Address				
23 PARADISE LI		23 PARADISE LN				
TREASURE ISLA		TREASURE ISLAND FL	33706			
					Date Incorporated or Qualified 02/07/1995	3a. Date of Last Report
A Principal Plans	e of Business	2a. Mailing Address			4. FEI Number	Applied For
Principal Place of Business		26			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
2		27		O Florito Compoles Financias	\$5.00 May Be	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	Added to Fees	
23		28 Zin	Count	rv	8. This corporation has liability for i	
Zip	Country	Zip 29	30	٠,	Florida Statutes	No .
24	9. Name and Address of Curre		1001		10. Name and Address of New R	egistered Agent
	9. Hame and Address of Other		8	1 Name		
BACON, D	AVID A		-	2 Street Addr	ess (P.O. Box Number is Not Acceptab	le)
2959 FIRS			1	Juleet Audi	Street Address (1.5. 55)	
	SBURG FL 33713		1	13		
OI I LILII	000110 1 2 00. 10		l,	64 City		85 Zip Code
					ration submits this statement for the pured of directors. I hereby accept the app	FL
or registere familiar with	d agent, or both, in the State of Flon, and accept the obligations of, Sectionature, bried or printed name of registered agr	ction 607.0505, Florida Statute	98.	orporation's boa goot signature require	od when reinstating!	DA1E
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
TITLE	DPS	DETELE	1. 1 TO	ļ		C dilenge C 7154xtox
NAME	WYATT, JAMES G		1.2 NA			
STREET ADDRESS	23 PARADISE LN	. <u>.</u>		REET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL 3370			Y-ST-ZIP		Change Addition
TITLE	D D	☐ DELETE	2. 1 11	1		
NAME	WYATT, DIXIE L		2.2 NA	1		
STREET ADDRESS	23 PARADISE LN TREASURE ISLAND FL 3370	na.	I 1	Y-ST-ZIP		
CITY-ST-ZIP		JO DELETE	3. 1 71			Change Addition
TITLE	DVT WHITE, DAVID J	pace 12	3.2 NA			
NAME	4530 KNIGHT RD			REET ADDRESS		
STREET ADDRESS	MACON GA 31210			ry - ST- ZIP		
CITY-ST-ZIP TITLE	INIONI WINE	☐ DELETE	4.11			Change Addition
NAME		_	4.2 N/	ME		
STREET ADDRESS			4.3 ST	REET ADDRESS		
CITY-ST-ZIP			4.4 CI	TY - ST - ZIP		10726 Addition
TITLE		☐ DELFTE	5. 1 T	TLE • • • •	3000018 -05/07/9601	027021
NAME			52 N	AME !	***200.00	
STREET ADDRESS			538	REET ADDRESS		
CITY-SI-ZIP				TY - \$1 - ZIP		Change Addition
TITLE		☐ DELETE	6 1 7			LT change LT requires
NAME			6.2 N			
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP	1		6.4 C	ITY-ST-ZIP	The standing Original 15	0.07(3)(A) Florida Statutes I further

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:

ED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 1996 813-367-4125

CR2E034 (12/95)