Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90157 031 \*\*\*150.00

## 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 # P95000011258

1. Corporation Name

W & W LAND DEVELOPMENT, INC.

Principal Place	e of Business	Mailing Address	Mailing Address			] '"	######################################		14881 1181	# 11 <b>0</b> 0111	(19) 1911 1987
8932 CREEK RD P O BOX 910											
VERNON FL 32462		VERNON FL 32462				DO NOT WRITE IN THIS SPACE					
						3. Date In	corporated or Qualifed				
						02/09	•				
2. Principal Place of Business 2a. Mailing Addres						4. FEI Number				Apı	lied For
21		26	26			59-3303188					Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			\$8.75 Additional		
22		27				J. Certific				e Re	<u> </u>
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees					
23		28					und Contribution				Fees
Zip	Country	<del></del>	Countr	гу		1	rporation owes the curi	ent year In	tangible Yes∐		□No
24	9 Name and Adams	29   ss of Current Registered Agent	30				al Property Tax. and Address of New I	Registered			
	5. Name and Addres	ss of Current Negristered Agent	- 8	1	Name	10. /10/10	una / taanooo on the				
WOF	RLEY, BILL			1		<del></del> _					
	CREEK RD		8	2	Street Addre	Idress (P.O. Bo) Number is Not A		able)			
VERN		8	3		<del></del>						
			_	4	Cit.				05	Zip C	ade
			8	4	City			FL	85	Zip G	Jue .
office or n	registered agent, or both.	ons 607.0502 and 607.1508, Florida Statu in the State of Florida. Such change was pt the obligations of, Section 607.0505, Fl	authorized b	v tr	named corpo ne corporatio	oration submi on's board of o	s this statement for the lirectors. I hereby acce	purpose of pt the appo	i changii intment	ng its r as reg	egistered stered
-	in lamilar with and a ce	princ obligations of Coulon our sous, in	Man Grand								
SIGNATUFE	Signature, typed or printed na me	of registered agent and title if applicable. (NOT		ent s	signature required	d when reinstating)		DATE			
12.	OF	FICERS AND DIRECTORS	13.			ADDITIO	NS/CHANGES TO OF	FICERS A			
TITLE	D	☐ DELETE	1.1 TITLE						☐ Ch	ange	Addition
NAME	WORLEY, PAUL S		1.2 NAME								
STREET ADDRESS					ADORESS						
CITY-ST-ZIP	VERNON FL 32462	Dougra	1.4 CITY-		ZIP				Ch	anna	Addition
TITLE	D	☐ DELETE	2.1 TITLE							ange	Addition
NAME	WORLEY, BILL		22 NAME								
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP	VERNON FL 32462	☐ DELETE	2.4 CITY		-ZIP				Ch	ange	Addition
TITLE			3.2 NAME						<u> </u>	9-	
NAME					ADDRESS						
STREET ADDRESS			3.3 STRE								
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		·ZIF				Ch	ange	Addition
NAME			4. 2 NAM						_	-	_
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			4.4 CITY-								
TITLE		☐ DELETE	5.1 TITLE	_			· <del></del>		☐ Ch	ange	Addition
NAME			5.2 NAME								
STREET ADORE IS			5.3 STRE	ETA	ADDRESS						
CITY-ST-ZIP			5 4 CITY-	ST-	·ZIP						
TITLE	<u> </u>	☐ DELETE	6.1 TITLE	:					Ch	ange	☐ Addition
NAME			6.2 NAME	•							
STREET ADDRESS			63 STRE	ETA	ADDRESS						

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 deep an attachment with an address, with a lighter like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: 2

CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICES OR DIRECTOR