

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

003167

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90138 028 \*\*\*150.00

DOCUMENT # P98000037915

1. Corporation Name GWW, INC.



Principal Place of Business 5000 SE 183 AVE ROAD OCKLAWAHA FL 32179

Mailing Address 5000 SE 183 AVE ROAD OCKLAWAHA FL 32179

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

3. Date Incorporated or Qualified

04/27/1998

4. FEI Number

59-3 506774

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

WHITSON, GLEN R  
5000 SE 183 AVE ROAD  
LOT A-2  
OCKLAWAHA FL 32179

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	D	DELETE
NAME	WHITSON, GLEN R	
STREET ADDRESS	5000 SE 183 AVE RD, LOT A-2	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	D	DELETE
NAME	WHITSON, MARY	
STREET ADDRESS	5000 SE 183 AVE RD, LOT A-2	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	D	DELETE
NAME	WHITSON, CHARLES M	
STREET ADDRESS	1510 STATE STREET	
CITY-ST-ZIP	LAWRENCEVILLE IL 62439	
TITLE	D	DELETE
NAME	WHITSON, LINDA M	
STREET ADDRESS	1510 STATE STREET	
CITY-ST-ZIP	LAWRENCEVILLE IL 62439	
TITLE	D	DELETE
NAME	GREENWOOD, TED	
STREET ADDRESS	18385 MAIN STREET	
CITY-ST-ZIP	DAYTON OH 45409	
TITLE	D	DELETE
NAME	GREENWOOD, GINA L	
STREET ADDRESS	18385 MAIN STREET	
CITY-ST-ZIP	DAYTON OH 45409	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/S/T	Change	Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	D/VP	Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	D/P	Change	Addition
5.2 NAME			
5.3 STREET ADDRESS	1838 SOUTH MAIN ST		
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS	1838 SOUTH MAIN ST		
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: *Ted Greenwood* T.E.D. GREENWOOD 1/12/99 937-461-5333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)