

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90074 030 ***150.00

0598994
 AT

DOCUMENT # P98000037915

1. Entity Name

GWW, INC.

Principal Place of Business

Mailing Address

**5000 SE 183 AVE ROAD
 OCKLAWAHA FL 32179**

**5000 SE 183 AVE ROAD
 OCKLAWAHA FL 32179**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3506774

Applied For

Not Applicable

Zip

Country

MARION

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITSON, GLEN R
 5000 SE 183 AVE ROAD
 LOT A-2 M7
 OCKLAWAHA FL 32179**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

1-18-02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DST	<input type="checkbox"/> Delete
NAME	WHITSON, GLEN R	
STREET ADDRESS	5000 SE 183 AVE RD LOT #M7	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITSON, MARY	
STREET ADDRESS	5000 SE 183 AVE RD #M7	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WHITSON, CHARLES M	
STREET ADDRESS	1510 STATE STREET	
CITY-ST-ZIP	LAWRENCEVILLE IL 62439	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITSON, LINDA M	
STREET ADDRESS	1510 STATE STREET	
CITY-ST-ZIP	LAWRENCEVILLE IL 62439	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GREENWOOD, TED	
STREET ADDRESS	1838 SOUTH MAIN ST	
CITY-ST-ZIP	DAYTON OH 45409	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENWOOD, GINA L	
STREET ADDRESS	1838 SOUTH MAIN S	
CITY-ST-ZIP	DAYTON OH 45409	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREENWOOD PRES 1-18-02

Date

Daytime Phone #

937-461-5333

CR2E034 (9/01)