

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **302769** (5)

1. Corporation Name
WATSON REALTY CORP.



Principal Place of Business: **11226-1 SAN JOSE BLVD. JACKSONVILLE FL 32223**
Mailing Address: **11226-1 SAN JOSE BLVD. JACKSONVILLE FL 32223**

3. Date Incorporated or Qualified: **03/08/1966**
3a. Date of Last Report: **04/19/1995**
4. FEI Number: **59-1152302**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$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
2a. Mailing Address: 26
22. City & State: 27
23. City & State: 28
24. Zip: 29
25. Country: 30

9. Name and Address of Current Registered Agent

**WATSON, WILLIAM A. JR.
11226-1 SAN JOSE BLVD.
JACKSONVILLE FL 32223**

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 607.1506, 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

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WATSON, KEITH	
STREET ADDRESS	6825 LILLIAN RD	
CITY-STATE-ZIP	JACKSONVILLE, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WATSON, WILLIAM A. JR.	
STREET ADDRESS	11226-1 SAN JOSE BLVD.	
CITY-STATE-ZIP	JACKSONVILLE, FL 00000	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	BURR, ROBERT J	
STREET ADDRESS	1712 LEE RD	
CITY-STATE-ZIP	WINTER PARK, FL 00000	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	CARLYON, G STEPHEN	
STREET ADDRESS	3951 BAYMEADOWS RD	
CITY-STATE-ZIP	JACKSONVILLE, FL 00000	
TITLE	SV	<input checked="" type="checkbox"/> DELETE
NAME	RANSOM, ROBERT G.	
STREET ADDRESS	11226-1 SAN JOSE BLVD.	
CITY-STATE-ZIP	JACKSONVILLE, FL 00000	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	STRINGER, HARVEY E.	
STREET ADDRESS	3943 BAYMEADOWS ROAD	
CITY-STATE-ZIP	JAX, FL 32217	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Watson, Carlotta L.	
1.3 STREET ADDRESS	9471 Baymeadows Rd. Suite 207	
1.4 CITY-STATE-ZIP	Jacksonville, FL 32256	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP	Zip Code: 32223	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	317 Wekiva Springs Rd.	
3.4 CITY-STATE-ZIP	Longwood, FL 32279	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP	Zip Code: 32217	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Wendie Mayfield	
5.3 STREET ADDRESS	11226-1 San Jose Blvd.	
5.4 CITY-STATE-ZIP	Jacksonville, FL 32223	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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: *William A. Watson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William A. Watson, Jr. President

DATE: **2/6/96** DAVID'S FILING # **(904) 260-0077**

CR2E034 (12/95)