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Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 302769
1. Corporate Name
WATSON REALTY CORP.

(5)



Principal Place of Business
11226-1 SAN JOSE BLVD.
JACKSONVILLE FL 32223

Mailing Address
11226-1 SAN JOSE BLVD.
JACKSONVILLE FL 32223-7229

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/08/1966	3a. Date of Last Report 02/22/1996
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 59-1152302	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SV WATSON, CARLOTTA L 9471 BAYMEADOWS ROAD, SUITE 207 JACKSONVILLE, FL 00000	1.1 TITLE	STV Watson, Carlotta L.
NAME		1.2 NAME	9471 Baymeadows Rd. Suite 207
STREET ADDRESS		1.3 STREET ADDRESS	Jacksonville, FL
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	P WATSON, WILLIAM A. JR. 11226-1 SAN JOSE BLVD. JACKSONVILLE, FL 00000	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	EV BURR, ROBERT J 317 WEKIVA SPRINGS ROAD LONGWOOD FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	SV CARLYON, G STEPHEN 3951 BAYMEADOWS RD JACKSONVILLE, FL 00000	4.1 TITLE	V Carlyon, G. Stephen
NAME		4.2 NAME	3951 Baymeadows Rd.
STREET ADDRESS		4.3 STREET ADDRESS	Jacksonville, FL
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	V MAYFIELD, WENDIE 11226-1 SAN JOSE BLVD JACKSONVILLE FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	EV STRINGER, HARVEY E. 3943 BAYMEADOWS ROAD JAX, FL 32217	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 trust 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, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-97

(904)260-0077

CR2E034 (9/96)