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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90079 014 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 302769

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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/08/1966	Applied For Not Applicable
4. FEI Number 59-1152302	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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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 607.1508, 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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	DAVIS, WENDELL D	
STREET ADDRESS	3943 BAYMEADOWS RD	
CITY-ST-ZIP	JACKSONVILLE, FL 00000 32217	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WATSON, WILLIAM A. JR.	
STREET ADDRESS	11226-1 SAN JOSE BLVD.	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FORMAN, ROBERT E	
STREET ADDRESS	317 WEKIVA SPRINGS RD	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CARLYON, G STEPHEN	
STREET ADDRESS	3951 BAYMEADOWS RD	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MAYFIELD, WENDIE	
STREET ADDRESS	11226-1 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	STRINGER, HARVEY E.	
STREET ADDRESS	3943 BAYMEADOWS ROAD	
CITY-ST-ZIP	JAX, FL 32217	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S & T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Carlotta W. Landschoot	
1.3 STREET ADDRESS	9471 Baymeadows Rd. Suite 207	
1.4 CITY-ST-ZIP	Jacksonville, FL 32256	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 files empowered. **William A. Watson, Jr.**

SIGNATURE: William A. Watson, Jr. 3-16-99 904-260-0077
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)