2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 10, 2000 8:00 am Secretary of State **DOCUMENT # 302769** 1. Entity Name WATSON REALTY CORP. 03-10-2000 90018 010 ***150.00 Principal Place of Business Mailing Address 11226-1 SAN JOSE BLVD. 11226-1 SAN JOSE BLVD. JACKSONVILLE FL 32223 JACKSONVILLE FLA 32223-7229 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-1152302 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WATSON, WILLIAM A. JR. Street Address (P.O. Box Number is Not Acceptable) 11226-1 SAN JOSE BLVD. JACKSONVILLE FL 32223 Zip Code City 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. S. 15 15. 1 SER W. Terrain John No. SIGNATURE _ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ■ Addition ☐ Delete TITLE Change TITLE DAVIS. WENDELL D NAME NAME 3943 BAYMEADOWS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 00000 32217 CITY-ST-7IP ☐ Addition TITLE Change ☐ Delete WATSON, WILLIAM A. JR. NAME NAME STREET ADDRESS STREET ADDRESS 11226-1 SAN JOSE BLVD. CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE, FL 00000 Change ☐ Addition ☐ Delete TITLE TITLE FORMAN, ROBERT E NAME NAME STREET ADDRESS 317 WEKIVA SPRINGS RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL ☐ Change ☐ Addition ☐ Delete TITLE CARLYON, G STEPHEN NAME 3951 BAYMEADOWS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 00000 ☐ Addition Change TITLE ☐ Delete TITLE MAYFIELD, WENDIE NAME NAME 11226-1 SAN JOSE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP E۷ Change ☐ Addition ☐ Delete DITE TITLE STRINGER, HARVEY E. NAME NAME STREET ADDRESS 3943 BAYMEADOWS ROAD STREET ADDRESS CITY-ST-ZIP JAX, FL 32217 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRINTED NAME OF SIGNING OFFI

2-17-2000 (904)260-0077