

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90197 048 ***150.00

0040370 AV

DOCUMENT # 302769

1. Entity Name
WATSON REALTY CORP.



Principal Place of Business
**7821 DEERCREEK CLUB RD
SUITE 200
JACKSONVILLE FL 32256-3698**

Mailing Address
**7821 DEERCREEK CLUB RD
SUITE 200
JACKSONVILLE FL 32256-3698**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-1152302**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WATSON, WILLIAM A. JR.
7821 DEERCREEK CLUB RD
SUITE 200
JACKSONVILLE FL 32256-3698**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	DAVIS, WENDELL D	
STREET ADDRESS	3943 BAYMEADOWS RD	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	P	<input type="checkbox"/> Delete
NAME	WATSON, WILLIAM A. JR.	
STREET ADDRESS	7821 DEERCREEK CLUB RD, SUITE 200	
CITY-ST-ZIP	JACKSONVILLE FL 32256-3698	
TITLE	V	<input type="checkbox"/> Delete
NAME	CARLYON, G STEPHEN	
STREET ADDRESS	3951 BAYMEADOWS RD	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	V	<input type="checkbox"/> Delete
NAME	MAYFIELD, WENDIE	
STREET ADDRESS	7821 DEERCREEK CLUB RD, SUITE 200	
CITY-ST-ZIP	JACKSONVILLE FL 32256-3698	
TITLE	EV	<input type="checkbox"/> Delete
NAME	STRINGER, HARVEY E.	
STREET ADDRESS	9471 BAYMEADOWS RD, STE 207	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William A. Watson, Jr. **3-26-03** **904 596-5961**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/0/02)