

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State

1996 3-1-96

B- 19710 C

DOCUMENT # L38558

(7)

1. Corporation Name

WATKINS LAW FIRM, P.A.



Principal Place of Business

1509 SWANN AVENUE
SUITE 215
TAMPA FL 33606

Mailing Address

1509 SWANN AVENUE
SUITE 215
TAMPA FL 33606

2. Principal Place of Business

2a. Mailing Address

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3. Date Incorporated or Qualified 12/21/1989	3a. Date of Last Report 06/26/1995
4. FEI Number 59-2984085	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WATKINS, ALLAN C.
1509 SWANN AVE.
SUITE 215
TAMPA FL 33606

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 607.05(2) 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 607.05(5), Florida Statutes.

SIGNATURE

Signature of Applicant (Not for use by registered agent or director, if applicable)

(Not for use by registered agent or director, if applicable)

DATE

12. OFFICERS AND DIRECTORS	
11.1 TITLE	<input type="checkbox"/> DELETE
11.2 NAME	
11.3 STREET ADDRESS	
11.4 CITY, ST, ZIP	
11.5 TITLE	<input type="checkbox"/> DELETE
11.6 NAME	
11.7 STREET ADDRESS	
11.8 CITY, ST, ZIP	
11.9 TITLE	<input type="checkbox"/> DELETE
11.10 NAME	
11.11 STREET ADDRESS	
11.12 CITY, ST, ZIP	
11.13 TITLE	<input type="checkbox"/> DELETE
11.14 NAME	
11.15 STREET ADDRESS	
11.16 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, 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, changed, or on an attachment with an address.

SIGNATURE:

Allan C. Watkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96

813-254-7515

CR2E034 (12/95)