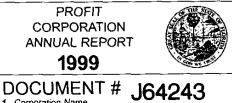
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**PROFIT** CORPORATION ANNUAL REPORT

1999

FLORIDIAN WATCH COMPANY



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90017 018 \*\*\*150.00



Principal Place	e of Business	Mailing Address							•	
% LEO H. GRUMBLEY, JR.		3440-17TH STREET	• · · • · · · · · • · · · · · ·				•			
1806 TARPON AVENUE		1806 TARPON AVENUE			DO NOT WRITE IN THIS SPACE					
SARASOTA FL 34234			SARASOTA FL 34235 US			3. Date Incorporated or Qualifed				1
		00				03/30/1987				{
2 Principal DI	loca of Business	2a. Mailing Addres				4. FEI Number		TA	pplied For	1
2. Principal Place of Business		- 1				65-0018324			ot Applicable	1
21 3440 17th STREET			26 SAME Suite, Apt. #, etc.			00 00 10024			Additional	1
Suite, Apt. #, etc.		<del></del>				5. Certificate of Status De	sired 🔲	Fee R	equired	ł
22 SARASOTA, FL			City & State			6. Floation Compaign Fig.	ancina		May Be	1
City & State		<u> </u>	<u>⊢</u> , '			6. Election Campaign Fin Trust Fund Contribution	- 11	-	to Fees	l
23 34235 SARASOTA			Zip Country			8. This corporation owes				1
Zip	Country	<b>├</b> ─ <b>┐</b>	<u></u>	Coditaly		Personal Property Tax	-	∐ Yes	□No	-
24	25	29	30	<del></del>		10. Name and Address o	<del></del>			1
	9. Name and Address of (	Jurrent Registered Agent		81	Name	TV. Hame and Address o	, item item items	194		1
GRUMBLEY, LEO H. JR.			or Hame		1101110					
				82	Street Add	ress (P.O. Box Number is Not	Acceptable)			1
1806 TARPON AVEN SARASOTA FL 34234				-	ļ				<del></del>	4
SAN	ASUTA FL 34234			83			-			Ţ
				84	City			85 Zip	Code	1
				] '	<b>)</b>		F <u>L</u>			↓
office or re	to the provisions of Sections 60 egistered agent, or both, in the m familiar with, and accept the	State of Florida. Such change	e was autho	nzed by	tne corporati	on's board of directors. I herek	by accept the appoin	itment as n	egistered	1 .
SIGNATURE	Signature, typed or printed name of registr	ered agent and title if applicable.	(NOTE: Regi	stered Agen		ed when reinstating)	DATE	<del></del> -	<del></del>	
	Signature, typed or printed name of registe	ered agent and title if applicable.  RS AND DIRECTORS	(NOTE: Regi	stered Ager		ed when reinstating) ADDITIONS/CHANGES		D DIRECT	ORS IN 12	(86)
12.	OFFICE							D DIRECT		(11/98)
<b>12.</b> TITLE	OFFICEI DP	RS AND DIRECTORS	LETE	13.						34 (11/98)
12. TITLE NAME	OFFICE DP GRUMBLEY, LEO H., JR.	RS AND DIRECTORS	LETE	13. 1.1 TITLE 1.2 NAME	nt signature require					E034 (11/98)
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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 like empowered.

SIGNATURE: