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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # 233448

1. Corporation Name

WATKINS ASSOCIATED INDUSTRIES, INC.

Principal Place of Business Mailing Address				-) #1#15 #1#11 614 11 #1	1211 01211 1021	
1958 MONROE DR N E.		1958 MONROE DR N E.							
ATLANTA GA 30	3324	ATLANTA GA 30324	ANTA GA 30324			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						02/18/1960			
2. Principal Pl	lace of Business	2a. Mailing Address	-			4. FEI Number	Apr	plied For	
26						58-0827847	No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	\$8.75 A		
22 27			<u>-</u> ,			3. Co. mode of cidad boards	Fee Re	' -	
— ···, ·· · · · · · · · · · · · · · · ·		— ·	City & State			6. Election Campaign Financing	\$5.00		
3 28						Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip	Country			8. This corporation owes the current year		□No	
24	25 25 25 Common	29 30				Personal Property Tax. 10. Name and Address of New Registere			
· -	9. Name and Address of Currer	it Kegisterad Agailt	81	Name		TO. Hame the Meaners of the Hopers			
CT CORPORATION SYSTEM									
1200 S. PINE ISLAND ROAD			82	Street	Addres	ss (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324			83						
							—···	- -	
			84	City		F	L 85 Zip (Code	
11 Pursuant	to the provisions of Sections 607.050	2 and 607,1508. Florida Statutes,	he abov	e-named	corpor	ration submits this statement for the purpose	of changing its	registered	
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was author	nzed by	the com	oration	n's board of directors. I hereby accept the app	ointment as re	gistered	
	The same with, and accept the conge	Mons di, decidir du laces, i lana	•	•					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register				nt signature	required v	when reinstating) DATE			
12.			13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	VD	☐ DELETE	1.1 TITLE		VD		K Change	Addition	
NAME	WATKINS, GEORGE C		1.2 NAME		1	TKINS, GEORGE C.		}	
STREET ADDRESS	4816 N HESPERDIAS		1.3 STREE	T ADDRESS	16	600 KATHLEEN STREET		1	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		LA	AKELAND, FL 33803	Change	Addition	
TITLE	ST	☐ DELETE	2.1 TITLE				Change	C) Addition	
NAME	TIE IDT ON, GEOTIGE IV		2.2 NAME					}	
STREET ADDRESS	1958 MONROE DR, NE			TADORESS					
CITY-ST-ZIP	ATLANTA, GA 00000	□ DELETE	2. 4 CITY-5	ST-ZIP	 		Change	Addition	
TITLE	VD	C DECE IE	3.1 TITLE 3.2 NAME				onlingo		
NAME	WATKINS, W B IV			T +000000				ľ	
STREET ADDRESS	1144 W GRIFFIN RD			T ADDRESS					
CITY-ST-ZIP	LAKELAND, FL 00000	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		 		☐ Change	Addition	
TITLÉ	VD	□ beceie	4.1 HAVE						
NAME	WATKINS, JOHN F					•			
STREET ADDRESS	1144 W GRIFFIN RD			T ADDRESS	1				
CITY-ST-ZIP	LAKELAND, FL 00000	DELETE	4.4 CITY-S 5.1 TITLE	1-ZIP	+	*	☐ Change	Addition	
TITLE	CD		5.1 NAME					_ "	
NAME	WATRING, DILL			T ADDRESS					
STREET ADDRESS	1144 14 01111 114 110		5.4 CITY-S						
CITY-ST-ZIP	LAKELAND, FL 00000 54C PD □ DELETE 6.1 TI				╁╾		☐ Change	Addition	

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 suppliemental 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 chapter, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FREEMAN, WILLIAM A

1946 MONROE DR NE

ATLANTA GA