

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **294863** (6)
1. Corporation Name
WATKINS ENGINEERS & CONSTRUCTORS, INC.



Principal Place of Business: **1238 AIRPORT DRIVE TALLAHASSEE FL 32304**
Mailing Address: **1238 AIRPORT DRIVE TALLAHASSEE FL 32304**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		Suite, Apt. #, etc.		City & State		Zip	
Country		Country		Country		Country		Country	

3. Date Incorporated or Qualified 07/14/1965	3a. Date of Last Report 04/14/1995
4. FEI Number 59-1100102	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				10. Name and Address of New Registered Agent			
SKINNER, THOMAS D 1238 AIRPORT DR TALLAHASSEE FL 32304				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Name, typed or printed name of registered agent and title if applicable) _____ (Name of Registered Agent, signature required when changing) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WATKINS, E M JR			1.2 NAME			
STREET ADDRESS	1238 AIRPORT DRIVE			1.3 STREET ADDRESS			
CITY- ST- ZIP	TALLAHASSEE, FL 00000			1.4 CITY- ST- ZIP			
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SKINNER, THOMAS D			2.2 NAME			
STREET ADDRESS	1238 AIRPORT DRIVE			2.3 STREET ADDRESS			
CITY- ST- ZIP	TALLAHASSEE, FL 00000			2.4 CITY- ST- ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	NEVIN, GEORGE F			3.2 NAME			
STREET ADDRESS	1238 AIRPORT DRIVE			3.3 STREET ADDRESS			
CITY- ST- ZIP	TALLAHASSEE, FL 00000			3.4 CITY- ST- ZIP			
TITLE	P	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SUNDGREN, D. E.			4.2 NAME			
STREET ADDRESS	1238 AIRPORT DRIVE			4.3 STREET ADDRESS			
CITY- ST- ZIP	TALLAHASSEE, FL 00000			4.4 CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY- ST- ZIP				5.4 CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY- ST- ZIP				6.4 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 if changed, or on an attachment with an address.

SIGNATURE: Thomas Skinner Thomas Skinner, Secretary 04/04/96 (904) 576-7181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date/Phone #

CFR2E034 (12/95)