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

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

MARIANNA FL 32446

4154-G LAFAYETTE STREET

450076 DOCUMENT

1. Entity Name

Principal Place of Business

4154-G LAFAYETTE STREET

MARIANNA FL 32446

2. Principal Place of Business

Suite, Apt. #, etc.

WATTS, JIMMY D.

3187 4TH STREET

MARIANNA FL 32446

City & State

Zip

THE WATTS COMPANY OF MARIANNA, INC.

Country

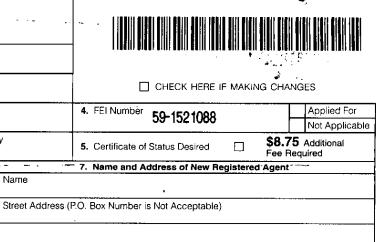
-6: Name and Address of Current Registered Agent



FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90017 038 ***150.00

annn4202



В.	. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Statement	state of Florida. I am fam	iliar with, and accept
	the obligations of registered agent.		·

Country

Name

City

SIGNATURE

MARIA

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

Wake Cilec	k rayable to Florida Department of State			
10.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WATTS, JIMMY 3187 4TH STREET MARIANNA, FL 00000 32446	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WATTS, NANCY A 3187 4TH STREET MARIANNA FL 32446	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WATTS, MARY E 4030 FORSYTHE PARK CIRCLE TALLAHASSEE FL 32308	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	seg.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition

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 replaced by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an appear of the corporation of the receiver of the corporation of the receiver or trustee empowered to execute this report as replaced by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an appear of the receiver of the report as re

SIGNATURE: