SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1906.  AN UNIT DUE ON OR BEFORE 8/7/88: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275.)				
PROFIT CORDORATION ANNUAL REPORT 1996		FLORIDA DEP Sandr Secre	ARTMENT OF STATE  a B. Mortham  etary of State  F CORPORATIONS	FILED 96 NOV - 4 AM 7: 47
DOCUMENT # 515176 (6)				
PHILLIP WATTS ENTERPRISES, INC.  SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business Mailing Address				DEINGTATEMENT
9020 N. DAVIS HIGHWAY PERSACOLA FL 32503		9008 N DAVIS HNY Pensacola Fl 32909 US	1	Date Incorporated or Qualified     Se. Date of Last Report
2. Principal Pi	lace of Business	2a. Mailing Address		09/27/1976 02/02/1905 4. FEI Number Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del></del>	59-169 1609 Not Applicable S8,75 Additional
City & State	<u></u>	City & State	<del></del>	5. Certificate of Status Desired Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution Added to Feet
Zip 24	Country 25	Zip	Country .	This corporation has liability for intangible tax under s. 199.032     Florida Statutes Yes No.
		of Current Registered Agent	81 Name nu	10. Name and Address of New Propietered Agent Street Services
LEUCHTMAN, GARY 2170 OXFORD DR			PH	ILLIP WATTS  PART (P.O. Bry Number is Not Acceptable)
PENSACOLA FL 32503			83	OS PRORYHUDAVIS ATCHWAY
			34 Cib	as I 7in Code
PENSAULA LIJA JA J				
office or re agent. I as	egistered agent, or both, in m familiar with, and accept	the State of Florida. Such change was the obligations of, Section 607.0505	s authorized by the corporation of the statutes.	oration submits this statement for the purpose of changing its registered on's board of directors, I hereby accept the appointment as registered
SIGNATURE	PHILLIP WATI	S Ah	Clip Watto	30_OCT_96
12.	OFF	ICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	STD Watts, Jackge	☐ DELETE	1.1 TITLE 1.2 NAME	Change Addition (5)
STREET ADDRESS	84 CHANTECLAIRE		1.3 STREET ADORESS	**************************************
CITY-ST-ZIP TITLE	GULF BRIEEZE FL PD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	100001999894-5-20
NAME	WATTS, PHILLIP		2.2 NAME	-11/08/9601017013
STREET ADDRESS CITY-ST-ZIP	5006 NO DAVIS HW PENSACOLA FL	<b>Y</b>	2.3 STREET ADORESS 2.4 City-St-Zip	****375,00% ****375,00%
TITLE		DELETE	3.1 TITLE	S Action: A Change Is Addition:
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS	
CITY-ST-ZIP		Lourn	3.4. CITY-ST-ZIP	
TITLE NAME		☐ DELETE	4.1 TITLE 4.2 NAME	Change (a.) Addition (Change)
STREET ADDRESS			4.3 STREET ADDRESS	
TITLE		DELETE	5.1 TITLE	The control of the co
NAME		_	52 NAME	
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADORESS 5.4 City - St - Zip	
TITLE		DELETE	6.1 TITLE	Change: 12 Addition: 12 Change: 12 Addition: 12 Change: 12 Addition: 12 Change: 12 Chang
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS	M ii
CITY-SI-ZIP	he codification the independent	no accordingly spite this filling to each admit-	6.4 CITY-ST-ZIP	VD    202900
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 it is 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 617. Florida Statutes; and				
that my name appears in Block 13 if changed, or on an attachment with an address.				
SIGNATURE: 4/27/20 ON PRINTED WAR OF				

O-your CA binection

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