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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 515176

1. Corporation Name

PHILLIP	watts enterprises, i	NC.						
Principal Place	of Business	Mailing Address				\$ 188781 Endt Hedt eten (1811 (19010 Et.)		1417 51811 745
4010 B N. DAVIS HWY PENSACOLA FL 32503 US 4010 B.N DAVIS HWY PENSACOLA FL 32503 US					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 09/27/1976		
	ace of Business	2a. Mailing Address 26				4. FEI Number 59-1691609		pplied For ot Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75-A	Additional
			City & State			6. Election Campaign Financing	\$5.00	May Be
23		28	28			Trust Fund Contribution Added to Fees		
Zip	Country Zip		Country		8. This corporation owes the current year intangible Personal Property Tax Yes No			
24	25 29 30		<u> </u>		Personal Property Tax.		□N0	
	9. Name and Address of Cu	rrent Registered Agent		81	Name	10. Name and Address of New Registe	ed Agent	
WAT	TS, PHILLIP			"	Manne			
4010 B N. DAVIS HWY				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
PENSACOLA FL 32503				83	<u> </u>		·	
							15-1 5:	
				84	City		FL 85 Zip (
11. Pursuant office or reagent. I as	to the provisions of Sections 607, egistered agent, or both, in the St m familiar with, and accept the ob	.0502 and 607.1508, Floridate of Florida. Such chang oligations of, Section 607.0	la Statutes, je was auth 505, Florida	the above orized by a Statutes	named corpora	orporation submits this statement for the purpos ation's board of directors. I hereby accept the a	e of changing its pointment as re	registered gistered
SIGNATURE						uired when reinstating) DATE		
	Signature, typed or printed name of registered		(NOTE: Re	gistered Agen	nt signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS		RS IN 12
12. TITLE	PD	S AND DIRECTORS	LETE	1.1 TITLE	$ \tau$	ADDITIONS/OTIANOES TO OFF TOETH	☐ Change	Addition
NAME	WATTS, PHILLIP			1.2 NAME				
STREET ADDRESS	4010 B N. DAVIS HWY			1.3 STREET	ADDRESS			
1	PENSACOLA FL 32503		1.4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE	☐ DELETE		2.1 TITLE			☐ Change	☐ Addition	
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREET	T ADDRESS			
CITY-ST-ZIP				2. 4 CITY-S	T-ZIP	- -		· -
TITLE		☐ DE	LETE	3.1 TITLE			☐ Change	☐ Addition
NAME				3.2 NAME	Į			
STREET ADDRESS				3.3 STREET	ADORESS			
CITY-ST-ZIP				3.4. CITY-S	T-ZIP			
TITLE		☐ D€	LETE	4.1 TITLE	1		☐ Change	☐ Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY-S	T-ZIP		Change	Addition
TITLE		□ 08	LETE	5.1 TITLE 5.2 NAME				
NAME					T ADDRESS			
STREET ADDRESS								
CITY-ST-ZIP		Пъ	LETE	5.4 CITY-S' 6.1 TITLE	1+ZIP		☐ Change	Addition
TITLE		Li VI	SLEIE	6.2 NAME				- Mannan
NAME				U.Z HPUNE				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP