

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 # 519290 (1)
1. Corporation Name
WATFORD, INC.



Principal Place of Business

Mailing Address

C/O THORNTON M. HENRY
PO BOX 3475
WEST PALM BEACH FL 33402-3475
US

505 N.E. 4TH STREET
P.O. BOX 393
OKEECHOBEE FL 34973
US

3. Date Incorporated or Qualified

11/30/1976

3a. Date of Last Report

02/09/1995

4. FEI Number

59-1720385

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERNY, THORNTON
505 S. FLAGLER DR. SUITE 1100
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0702 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 607.0605, Florida Statutes.

SIGNATURE

Signature of person making change (see page 1 for instructions)

Signature of Registered Agent (signature required after posting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME WATFORD, JEFFREY

1.2 NAME

STREET ADDRESS 505 NE 4TH STREET

1.3 STREET ADDRESS

CITY, ST, ZIP OKEECHOBEE FL

1.4 CITY-ST-ZIP

2. TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME WATFORD, ELSIE JOYCE

2.2 NAME

STREET ADDRESS 505 NE 4TH STREET

2.3 STREET ADDRESS

CITY, ST, ZIP OKEECHOBEE FL

2.4 CITY-ST-ZIP

3. TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME BURDESHAW, JOHN E.

3.2 NAME

STREET ADDRESS 1803 S. PARROT AVE.

3.3 STREET ADDRESS

CITY, ST, ZIP OKEECHOBEE FL

3.4 CITY-ST-ZIP

4. TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY, ST, ZIP

4.4 CITY-ST-ZIP

5. TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY, ST, ZIP

5.4 CITY-ST-ZIP

6. TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ 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: *Jeffrey Watford* *Jeffrey WATFORD*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96

941-763-4525
Dialysis Phone #

CR2E034 (12/95)