

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90015 027 ***150.00

DOCUMENT # 596329

1. Corporation Name

WATSON & MCPHERSON CONCRETE AND MASONRY CONTRACT
OR'S INC.

Principal Place of Business

6451-C 19TH ST EAST
SARASOTA FL 34243
US

Mailing Address

6451-C 19TH ST EAST
SARASOTA FL 34243
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/27/1978

4. FEI Number

59-1861541

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 6622 Martha Rd

26 6622 Martha Rd

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Parrish, FL

28 City & State

Parrish, FL

24 Zip

34219

25 Country

US

29 Zip

34219

30 Country

US

9. Name and Address of Current Registered Agent

KLEIN, WILLIAM R.
2071 MAIN STREET
SARASOTA, FL

10. Name and Address of New Registered Agent

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 607.0502 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

Jack R. Watson, Sr. 1-2-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME STD
STREET ADDRESS WATSON, JACK
CITY-ST-ZIP MARTHA ROAD
PARRISH FL

TITLE ☒ DELETE

NAME PD
STREET ADDRESS MCPHERSON, ALLEN
CITY-ST-ZIP 7315 36TH AVE. EAST
BRADENTON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PD
1.3 STREET ADDRESS Watson, Jack R. Sr.
1.4 CITY-ST-ZIP 6622 Martha Rd.
Parrish, FL. 34219

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME STD
3.3 STREET ADDRESS McPherson, Gregory L.
3.4 CITY-ST-ZIP 7315 36th Ave. E.
Bradenton, FL.

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack R. Watson, Sr. (941) 776-5380

Date

Daytime Phone #

CR2E034 (11/98)

0482108