

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**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90011 034 \*\*\*150.00

DOCUMENT # F93000001403

1. Corporation Name

WATKINS TERMINALS, INC.

Principal Place of Business  
1958 MONROE DRIVE, N.E.  
ATLANTA GA 30324

Mailing Address  
1958 MONROE DRIVE, N.E.  
ATLANTA GA 30324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1993

4. FEI Number

58-2036055

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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	PD	<input type="checkbox"/> DELETE
NAME	FREEMAN, WILLIAM A	
STREET ADDRESS	1946 MONROE DRIVE, N.E.	
CITY-ST-ZIP	ATLANTA GA 30324	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	READY, GEORGE W	
STREET ADDRESS	1946 MONROE DRIVE, N.E.	
CITY-ST-ZIP	ATLANTA GA 30324	
TITLE	C	<input type="checkbox"/> DELETE
NAME	WATKINS, JOHN F	
STREET ADDRESS	1144 WEST GRIFFIN ROAD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HERRING, W T	
STREET ADDRESS	1946 MONROE DR NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WATKINS, W B IV	
STREET ADDRESS	1144 WEST GRIFFIN RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	NORTON, HERBERT L JR	
STREET ADDRESS	1958 MONROE DR NE	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WATKINS, MICHAEL L.	
1.3 STREET ADDRESS	1958 MONROE DRIVE N.E.	
1.4 CITY-ST-ZIP	ATLANTA, GA 30324-4887	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 of Michael L. Watkins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER 3-19-99 (404)-872-3841

Date

Daytime Phone #

CR2E034 (11/98)