FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000003527 (8)**

1. Corporation Name
WATSON CAPITAL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
~~STATEWIDE SECURITIES GROUP, INC.~~ 7820 S. HOLIDAY DR., THIRD FLOOR SARASOTA FL 34231	~~STATEWIDE SECURITIES GROUP, INC.~~ 7820 S. HOLIDAY DR., THIRD FLOOR SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/06/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 1647 Southwood St.
22: Suite, Apt. #, etc.:
23: City & State: SARASOTA, FL
24: Zip: 34231-3154
25: Country: USA

2a. Mailing Address
26: 1647 Southwood St.
27: Suite, Apt. #, etc.:
28: City & State: SARASOTA FL
29: Zip: 34231-3154
30: Country: U.S.A.

4. FEI Number: 51-0267457 ☐ 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

9. Name and Address of Current Registered Agent

WATSON, F. LAMAR
7820 S. HOLIDAY DR., THIRD FLOOR
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name: WATSON, F LAMAR
82 Street Address (P.O. Box Number is Not Acceptable): 1647 SOUTHWOOD ST.
83:
84 City: SARASOTA FL 85 Zip Code: 34231-3154

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 and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] President — 4/14/95
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPT	1.1 TITLE	☑ Change ☐ Addition
NAME	WATSON, F. LAMAR	1.2 NAME	
STREET ADDRESS	7820 S. HOLIDAY DR., THIRD FLOOR	1.3 STREET ADDRESS	1647 SOUTHWOOD ST.
CITY-ST-ZIP	SARASOTA FL 34231	1.4 CITY-ST-ZIP	SARASOTA, FL 34231-3154
TITLE	S	2.1 TITLE	☑ Change ☐ Addition
NAME	WATSON, ROBERT S	2.2 NAME	
STREET ADDRESS	7820 S. HOLIDAY DR., THIRD FLOOR	2.3 STREET ADDRESS	1647 SOUTHWOOD ST.
CITY-ST-ZIP	SARASOTA FL 34231	2.4 CITY-ST-ZIP	SARASOTA, FL 34231-3154
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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)(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 addition.

SIGNATURE: [signature] — 4/14/95 (813) 951-0782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CR