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FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000001061 (9)

1. Corporation Name
WATSON BOWMAN ACME CORP.

Principal Place of Business

85 PINEVIEW DRIVE
AMHERST NY 14228

Mailing Address

8300 COLLEGE BLVD.
OVERLAND PARK MS 66210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 10245 Centurion Pkwy N.

27 Suite, Apt. #, etc.

28 Jacksonville FL

29 32256

Country USA

4. FEI Number

16-0971317

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

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 NAME STREET ADDRESS CITY-ST-ZIP

P
FYFE, DAVID
10245 CENTURION PARKWAY
JACKSONVILLE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VPT
NICK, RICHARD J.
399 PARK AVE 32ND FLOOR
NEW YORK NY

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V
BAUCOM, KEITH B.
10245 CENTURION PARKWAY
JACKSONVILLE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V
BLUM, FRED M.
10245 CENTURION PARKWAY
JACKSONVILLE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VCFO
ROWLEY, MICHAEL D.
10249 CENTURION PARKWAY
JACKSONVILLE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V
DONAHUE, RICHARD J.
399 PARK AVE, 32ND FLOOR
NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

VP General Manager
David Fisher
10245 Centurion Pkwy N.
Jacksonville, FL 32256

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

Secretary
Tom Clayton
10245 Centurion Pkwy N.
Jacksonville FL 32256

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

Controller
Robert M. Lester
10245 Centurion Pkwy N.
Jacksonville, FL 32256

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 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.

SIGNATURE:

Michael Rowley 4/21/98 9019966000

CR2E034 (10/97)