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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

G28123

(9)

ED WATTS PETROLEUM EQUIPMENT MAINTENANCE, INC. Mailing Address Principal Place of Business WEDWARD S. WATTS. III %EDWARD S. WATTS. III P.O. BOX 2413 P.O. BOX 2413 DO NOT WRITE IN THIS SPACE KEY WEST FL 33045 KEY WEST FL 33045 3. Date Incorporated or Qualified 03/16/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2269216 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 24 25 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name WATTS, EDWARD S., III 3333 DUCK AVE. APT. B211 82 Street Address (P.O. Box Number is Not Acceptable) **KEY WEST FL 33040** 84 Cilv 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pented harne of registered agent and title if applicable (NOTE Registered About signature OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition 1.1 1111.0 Change TITLE WATTS, EDWARD S., III 1.2 NAME NAME 3333 DUCK AVE APT B-211 1.3 \$1REE1 ADDRESS STREET ADDRESS KEY WEST FL 33040 1.4 CITY - ST - 7IP C!TY-ST-ZIP DELETE Change Addition 211006 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITEE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP DELETE Change Addition TITLE 4.1 THEE NAME 4. 2 NAME 4.3 \$TREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 C(TY - \$1 - 7)F ☐ Change DELETE Addition TITLE 5.1 10118 NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIE DELFTE 6.1 THEE Change Add:tion NAME 6.2 NAME STREET ADDRESS G 3 STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this firing 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 it made under eath; 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 it chapted, or on an attachment with an address.

Aud State to Flyand S. Watts III 26 Jan 98 305.

2E034 (10/97)

FILED

Feb 03 1998 8:00am

Secretary of State