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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **H18030** (7)
1. Corporation Name
KENNETH WATSON CONSTRUCTION COMPANY, INC.

Principal Place of Business Mailing Address
3717 N SIMMONS RD 3717 N SIMMONS RD
JAY FL 32565 JAY FL 32565
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/23/1984** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2490805** 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**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

9. Name and Address of Current Registered Agent
WATSON, KENNETH
RT 2, BOX 658
JAY FL 32565

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's signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
1 DP **WATSON, KENNETH**
RT 2, BOX 658
JAY FL
2 ST **WATSON, RUBY**
RT 2, BOX 658
JAY FL
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1 1 TITLE ☐ Change ☐ Addition
2 NAME
3 STREET ADDRESS
4 CITY - ST - ZIP
5 2 1 TITLE ☐ Change ☐ Addition
6 NAME
7 STREET ADDRESS
8 CITY - ST - ZIP
9 3 1 TITLE ☐ Change ☐ Addition
10 NAME
11 STREET ADDRESS
12 CITY - ST - ZIP
13 4 1 TITLE ☐ Change ☐ Addition
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17 5 1 TITLE ☐ Change ☐ Addition
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23 STREET ADDRESS
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25 7 1 TITLE ☐ Change ☐ Addition
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27 STREET ADDRESS
28 CITY - ST - ZIP
29 8 1 TITLE ☐ Change ☐ Addition
30 NAME
31 STREET ADDRESS
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33 9 1 TITLE ☐ Change ☐ Addition
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37 10 1 TITLE ☐ Change ☐ Addition
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41 11 1 TITLE ☐ Change ☐ Addition
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90 NAME
91 STREET ADDRESS
92 CITY - ST - ZIP
93 24 1 TITLE ☐ Change ☐ Addition
94 NAME
95 STREET ADDRESS
96 CITY - ST - ZIP
97 25 1 TITLE ☐ Change ☐ Addition
98 NAME
99 STREET ADDRESS
100 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)(k), 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 recorder 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: **KENNETH WATSON** *[Signature]* 4-13-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #