

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90003 026 ***550.00

DOCUMENT # H18030

1. Entity Name

KENNETH WATSON CONSTRUCTION COMPANY, INC.

Principal Place of Business

**3717 N SIMMONS RD
 JAY FL 32565
 US**

Mailing Address

**3771 N SIMMONS RD
 JAY FL 32565
 US**

2. Principal Place of Business

3771 N. Simmons Rd.

Suite, Apt. #, etc.

3. Mailing Address

3771 N. Simmons Rd

Suite, Apt. #, etc.

City & State

Jay, Fl.

City & State

Jay, Fl.

Zip

32565

Country

Santa Rosa

Zip

32565

Country

Santa Rosa

4. FEI Number

59-2490805

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WATSON, KENNETH

**RT 2, BOX 658 3771 N. Simmons Rd.
 JAY FL 32565**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **WATSON, KENNETH**
 CITY-ST-ZIP **RT 2, BOX 658
 JAY FL**

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **WATSON, RUBY**
 CITY-ST-ZIP **RT 2, BOX 658
 JAY FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that the signature of the corporation or the receiver or trustee empowered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-01

850-675-6978

Date

Daytime Phone #

CR2E034 (10/00)