FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **H85469** **(5)**

1. Corporation Name
L. C. WATKINS & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
% L.C. WATKINS 520 STEPHANIE COURT LAKE MARY FL 32746	% L.C. WATKINS 520 STEPHANIE COURT LAKE MARY FL 32746

3. Date Incorporated or Qualified: 11/14/1985
3a. Date of Last Report: 03/08/1995
4. FEI Number: 59-2620620 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 4141 S. Atlantic Ave.	26 4141 S. Atlantic Ave.
Suite, Apt. #, etc. 22 207	Suite, Apt. #, etc. 27 207
City & State 23 New Smyrna Beach, FL	City & State 28 New Smyrna Beach, FL
Zip 24 32169 Country 25 Volusia	Zip 29 32169 Country 30 Volusia

9. Name and Address of Current Registered Agent

WATKINS, L.C.
520 STEPHANIE COURT
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 4141 S. Atlantic Ave.
83 # 207
84 City New Smyrna Beach FL 85 Zip Code 32169

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	WATKINS, L.C.	1.2 NAME	
STREET ADDRESS	520 STEPHANIE COURT	1.3 STREET ADDRESS	4141 S. Atlantic Ave. # 207
CITY-ST-ZIP	LAKE MARY FL	1.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169
TITLE	DS ☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	WATKINS, BARBARA E.	2.2 NAME	
STREET ADDRESS	520 STEPHANIE COURT	2.3 STREET ADDRESS	4141 S. Atlantic Ave. # 207
CITY-ST-ZIP	LAKE MARY FL	2.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 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: x [signature] L. C. Watkins x 3-5-96 x 904-424-0456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #