
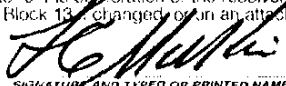


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 04 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # H85469 (5)</b> 1. Corporation Name <b>L. C. WATKINS &amp; ASSOCIATES, INC.</b>					
Principal Place of Business <b>4141 SOUTH ATLANTIC AVENUE #207 NEW SMYRNA BEACH FL 32169 US</b>			Mailing Address <b>4141 SOUTH ATLANTIC AVENUE #207 NEW SMYRNA BEACH FL 32169-3751 US</b>		
<b>2. Principal Place of Business</b> 21 <b>4141 S. ATLANTIC AVE</b> Suite, Apt. #, etc. <b>408</b> City & State <b>New Smyrna Beach, FL</b> Zip <b>32169</b> Country <b>USA</b>		<b>2a. Mailing Address</b> 26 <b>4141 S. ATLANTIC AVE</b> Suite, Apt. #, etc. <b>408</b> City & State <b>New Smyrna Beach</b> Zip <b>32169</b> Country <b>USA</b>		<b>3. Date Incorporated or Qualified</b> <b>11/14/1985</b>	
				<b>3a. Date of Last Report</b> <b>03/08/1996</b>	
				<b>4. FEI Number</b> <b>59-2620620</b>	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> <b>WATKINS, L.C.</b> <b>4141 SOUTH ATLANTIC AVENUE #207</b> <b>NEW SMYRNA BEACH FL 32169</b>			<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>12. OFFICERS AND DIRECTORS</b>					
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	WATKINS, L.C.				
STREET ADDRESS	4141 SOUTH ATLANTIC AVENUE, #207				
CITY-ST-ZIP	NEW SMYRNA BEACH FL				
TITLE	DS	<input type="checkbox"/> DELETE			
NAME	WATKINS, BARBARA E.				
STREET ADDRESS	4141 SOUTH ATLANTIC AVENUE, #207				
CITY-ST-ZIP	NEW SMYRNA BEACH,				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>					
1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	WATKINS, L.C.				
1.3 STREET ADDRESS	4141 S. ATLANTIC AVE # 408				
1.4 CITY-ST-ZIP	NEW Smyrna Beach, FL 32169				
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	WATKINS, BARBARA E.				
2.3 STREET ADDRESS	4141 S. ATLANTIC AVE # 408				
2.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169				
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
<b>14. I do 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, unchanged or in an attachment with an address.</b>					
<b>SIGNATURE: x</b>  <b>L.C. WATKINS</b> <b>x 3/31/97</b> <b>904.444.0456</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)