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PROFIT-**CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # J71310 1. Corporation Name

WATKINS-HIGGINBOTHAM, INC.

FILED Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90022 043 ***150.00



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Dringing Diggs	e of Business	Mailing Address			 		AL WISHIN MERKEN DI	 	
• •	•	% SID HIGGINBOTHAM							
% SID HIGGINBOTHAM 8518 103RD STREET			8518 103RD STREET						
JACKSONVILLE FL 32210		JACKSONVILLE FL 32210				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						05/04/1987			
2. Principal P	lace of Business	2a. Mailing Address			Ί	4, FEI Number	Ap	plied For	;
21		26				59-2813338		t Applicable	3
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			T	5. Certificate of Status Desired	\$8.75 _. <i>i</i>		
22		27				<u> </u>	Fee Re	·	
City & State		. City & State			1	6. Election Campaign Financing	\$5.00		
23		28			<u> </u>	Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip		untry	-	This corporation owes the current year			
24	25	29	30	_		Personal Property Tax.	☐ Yes	□No	
*	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Register	ea Agent		
Linco	SINDOTHAM CID			6"	Name 				
0610	GINBOTHAM, SID 3 103RD STREET	**		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		, ,	
					<u> </u>	231, 3 4 25 3 10 4 3 3 3 3	The section of the se	4. 10. 1 31. 10. 131.	
JACI	KSONVILLE FL 32210			83	1	The Contract			
_				84	City		85 Zip (Code	
AND THE P	9-31,						· L		
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11. Pursuant	to the provisions of Sections 607.05	of Florida, Such change was a	ies, uie a authorize	above-	named corpo	oration submits this statement for the purpose	pointment as re	gistered	
l " office or r	to the provisions of Sections 607.05 registered agent, or both, in the State of familiar with, and accept the oblig	A DI FIDRON. SUCH CHANGE WAS A	3011101126	UVVII	named corpo he corporatio	oration submits this statement for the purpose in's board of directors. I hereby accept the ap	pointment as re	gistered	
agent. La	registered agent, or both, in the State im familiar with, and accept the oblig	pations of, Section 607.0505, Flo	orida Stat	tutes.	lie corporatio	in a board of directors. Fridingly decopy the ep		gistered	
l " office or r	registered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered ag	pent and title if applicable. (NOTE	orida Stat	tutes.	lie corporatio	when reinstating) DATE			6
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14. 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE