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**Apr 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # J81295 (4)
1. Corporation Name
ROD AND BARBARA WATSON, INC.



Principal Place of Business Mailing Address
**3435 N. ALCANIZ ST.
P.O. BOX 2189
PENSACOLA FL 32503**

3. Date Incorporated or Qualified **06/24/1987** 3a. Date of Last Report **05/01/1996**
4. FEI Number **59-2850148** 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 **139 LEPORT DRIVE** 26 **139 LEPORT DRIVE**
State, Apt. #, etc. Suite, Apt. #, etc.
22 City, State 27 City, State
23 **PENSACOLA BEACH, FL** 28 **PENSACOLA BEACH, FL**
Zip Country 29 Zip Country
24 **32561** 25 **32561** 30

9. Name and Address of Current Registered Agent
**WATSON, RODNEY O.
3435 N. ALCANIZ ST.
PENSACOLA FL 32503**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Not Acceptable)
139 LEPORT DRIVE
83
84 City **PENSACOLA BEACH** FL 85 Zip Code **32561**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WATSON, RODNEY O.	
STREET ADDRESS	3435 N ALCANIZ ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SFT	<input type="checkbox"/> DELETE
NAME	WATSON, BARBARA J	
STREET ADDRESS	3435 N ALCANIZ ST	
CITY-ST-ZIP	PENSACOLA, FL	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	139 LEPORT DRIVE
1.4 CITY-ST-ZIP	PENSACOLA BEACH, FL 32561
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	LEPORT DRIVE
2.4 CITY-ST-ZIP	PENSACOLA BEACH, FL 32561
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	

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 if changed, or on an attachment to this address.

SIGNATURE:

[Handwritten Signature] **ROD WATSON** 4/9/97 904 934-1856

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)