

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

INCORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
JENNIFER M. MURPHY
Secretary of State
Tallahassee, Florida 32312

APPROVED

FILED

51 MAY - 1 1995

TALLAHASSEE, FLORIDA

DOCUMENT # J83111

(1)

C. M. WATSON BUILDERS, INC.

Principal Office: 1322 LEEWOOD DRIVE
TALLAHASSEE FL 32312
Mailing Address: 1322 LEEWOOD DRIVE
TALLAHASSEE FL 32312

3. Date Incorporated or Qualified	36. Date of Last Report
07/17/1987	06/15/1994
4. Filing Number	Applied For Not Applied For
59-2823947	
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
7. This corporation has been formed, organized or chartered in another State (Article 2, Florida Statutes)	☐ Yes ☒ No

2. Principal Office Location	26. Mailing Address
21. Legal Agent	25. Legal Agent
22. City	27. City
23. State	28. State
24. Country	29. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WATSON, CHARLES M. 1322 LEEWOOD DRIVE TALLAHASSEE FL 32312	81. Name 82. Street Address (P.O. Box Number is Not Applicable) 83. 84. City FL 85. Zip Code

11. I declare to the best of my knowledge and belief that the above named corporation satisfies the statement for the purpose of changing its registered office as required by Chapter 206, Florida Statutes. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and understand the duties of a registered agent, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent of the corporation

Signature of the person who is the registered agent of the corporation

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME: WATSON, CHARLES M. 1322 LEEWOOD DRIVE TALLAHASSEE FL	1. NAME 2. STREET ADDRESS 3. CITY, STATE, ZIP
NAME: WATSON, BILLIE G. 1322 LEEWOOD DRIVE TALLAHASSEE FL	4. NAME 5. STREET ADDRESS 6. CITY, STATE, ZIP
NAME:	7. NAME 8. STREET ADDRESS 9. CITY, STATE, ZIP
NAME:	10. NAME 11. STREET ADDRESS 12. CITY, STATE, ZIP
NAME:	13. NAME 14. STREET ADDRESS 15. CITY, STATE, ZIP
NAME:	16. NAME 17. STREET ADDRESS 18. CITY, STATE, ZIP
NAME:	19. NAME 20. STREET ADDRESS 21. CITY, STATE, ZIP
NAME:	22. NAME 23. STREET ADDRESS 24. CITY, STATE, ZIP
NAME:	25. NAME 26. STREET ADDRESS 27. CITY, STATE, ZIP
NAME:	28. NAME 29. STREET ADDRESS 30. CITY, STATE, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not pertain to the corporation's status as a corporation under the laws of the State of Florida. I further certify that the information supplied with 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 that person or persons authorized to execute this report as required by Chapter 206, Florida Statutes, and that my name appears in the corporation's records.

SIGNATURE: *Charles M. Watson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLES M. WATSON

5-2-95 385-5078