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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J83111

C. M. WATSON BUILDERS, INC.

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90053 020 ***150.00



-				· ·
rincipal Place	of Business	Mailing Address	•	
CHARLES M. WATSON % CHARLES M. WATSON				
322 LEEWOOD DRIVE		1322 LEEWOOD DRIVE TALLAHASSEE FL 32312		DO NOT WRITE IN THIS SPACE
ALLAHASSEE FL 32312		TALLAMASSEE FE S2512		3. Date Incorporated or Qualifed
				07/17/1987
		I a. Mailing Addrage		4. FEI Number Applied For
. Principal Pla	ice of Business	2a. Mailing Address		59-2823947 Not Applicable
]		26		\$8.75 Additional
Suite, Apt. #	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required
1		27		6. Election Campaign Financing \$5.00 May Be
City & State		City & State		Trust Fund Contribution Added to Fees
ล		28		This corporation owes the current year Intangible
Zip	Country	Ziē	Country	
<u> </u>	25	29 30		Personal Property Tax. Lites Line 10. Name and Address of New Registered Agent
·	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registored Agent
	J. Hallo C. L.		81 Name	
WAT:	SON, CHARLES M.		82 Street A	ddress (P.O. Box Number is Not Acceptable)
1222	LEEWOOD DRIVE		Juz Silber A	
1322 TALL	AHASSEE FL 32312		83	
IALL	ANASSEL I E SESTE			85 Zip Code
		•	84 City	FL 85 Zip Code
				the state of the sping its registered
dd (Dymunot i	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes,	the above-named c	orporation submits this statement for the purpose pointment as registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was authorations of, Section 607.0505, Florida	Statutes.	orporation submits this statement for the purpose of cranging its registered ation's board of directors. I hereby accept the appointment as registered
				DATE
SIGNATURE	Signature, typed or printed name of registered ag-		gistered Agent signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS A	ND DIRECTORS	13.	☐ Change ☐ Addition
TITLE	D	☐ DELETE	1.1 TITLE	
NAME	WATSON, CHARLES M.		1.2 NAME	
	ASSOCIATION DONE		1.3 STREET ADDRESS	
STREET ADDRESS	TALLAHASSEE FL	1	1.4 CITY-ST-ZIP	Change Addition
CITY-ST-ZIP		DELETE	2.1 TITLE	☐ Clarige ☐ Addition
TITLE	D DULLE C	 -	2.2 NAME	
NAME	WATSON, BILLIE G.		2.3 STREET ADDRESS	
STREET ADDRESS	1322 LEEWOOD DRIVE	1		<u> </u>
CITY+ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	Change Addition
TITLE		☐ DELETE	3.1 TITLE	
NAME		•	3.2 NAME	
•			3.3 STREET ADDRESS	
STREET ADDRESS			3.4. CITY-ST-ZIP	☐ Change ☐ Addition
CITY-ST-ZIP	l		3,4, CITT-01-21	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME		☐ DELETE	4,1 TITLE	
		☐ DELETE	4.1 TITLE 4.2 NAME.	
STREET ADDRESS	s	☐ DELETE	4.1 TITLE 4. 2 NAME. 4.3 STREET ADDRESS	
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CITY-ST-ZIP TITLE NAME		:	4.1 TITLE 4.2 NAME. 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	
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14. I 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 chapter or an attachment with an address, with all other like empowered.

SIGNATURE: