## 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

## FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90105 026 \*\*\*150.00

## 

DOCUMENT	#	.18901	6
1. Corporation Name			. •

J. WATSON, INC.

Principal Place of Business

% DAVID A. DUNKIN

Mailing Address

% DAVID A. DUNKIN

			170 West Dearborn Englewood Fl 34223		DO NOT WRITE IN THIS SPACE				
					j		Date Incorporated or Qualifed 08/24/1987		
2.	Principal Place of Business	28	. Mailing Address			4.	FEI Number	¢	-Applied For
21	·	26	}		Ì	•	59-2847161		Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			5.	Certifcate of Status Desired		75 Additional e Required
23	City & State	28	City & State				Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
24	Zip Country	29	Zip Co	untry	,		This corporation owes the current year I Personal Property Tax.	ntangible ☐ Yes	₽No
	9. Name and Address of Curre			10.	Name and Address of New Registere	d Agent			
DUNKIN, DAVID A.					Name				,
170 WEST DEARBORN				82	Street Addres	s (P.	O. Box Number is Not Acceptable)	_	
				83					

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.

City

SIGNATURE	and the state of t	(NOTE: De	istand Appet signature	required when reinstating)	DATE	<del></del>
12.	Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS	(NOTE: Re	13.	ADDITIONS/CHANGES TO OFF		RS IN 12
TITLE		DELETE	1.1 TITLE	5	☐ Change	Addition
	WATSON, HERBERT M.		1.2 NAME	Tran E. Armond	_ · · · · •	1
NAME	·		1.2 NAME	Joan E. Armond 5865 Oxalis Rd.		
STREET ADDRESS	15 WINDSOR DRIVE	1		7862 67 211703		
CITY-ST-ZIP	ENGLEWOOD FL	) <del></del> -	1.4 CITY-ST-ZIP	VENICE, FL 34293		☐ Addition
ग⊓∟E	-	) delete	2.1 TIFLE		☐ Change	
NAME	WATSON, JANET E.	ਵਦ '	2.2 NAME			
STREET ADDRESS	15 WINDSOR DRIVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD FL		2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	_		3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	□ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS	,		5.3 STREET ADDRESS	-		
CITY-ST-ZIP			5.4 CITY-ST-ZIP			<del></del>
TITLE		DELETE	6.1 TITLE	1	☐ Change	☐ Addition
NAME.	•		6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Zip Code