

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J90033 (8)**

1. Corporation Name
THE WATAUGA COMPANY



Principal Place of Business: % LYNN ALVIN SNODGRASS, 3603 ALAN DR, TITUSVILLE FL 32780
Mailing Address: % LYNN ALVIN SNODGRASS, 3603 ALAN DR, TITUSVILLE FL 32780

3. Date Incorporated or Qualified: **08/26/1987**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2857836**
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

21. Principal Place of Business: **2471 Cheney Hwy.**
22. Suite, Apt. #, etc.: **# 4**
23. City & State: **Titusville, FL**
24. Zip: **32780**
25. Country: **Brevard**
26. Mailing Address: **2471 Cheney Hwy.**
27. Suite, Apt. #, etc.: **# 4**
28. City & State: **Titusville**
29. Zip: **32780**
30. Country: **Brevard**

9. Name and Address of Current Registered Agent: **SNODGRASS, LYNN ALVIN, 3603 ALAN DR, TITUSVILLE FL 32780**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code

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 607.0509, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent or the registered agent's attorney) _____ (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SNODGRASS, ELIZABETH A.		2. NAME		
STREET ADDRESS	3603 ALAN DR		13. STREET ADDRESS		
CITY-STATE-ZIP	TITUSVILLE FL		14. CITY-STATE-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SNODGRASS, JASON L.		2.2 NAME		
STREET ADDRESS	3603 ALAN DR.		2.3 STREET ADDRESS		
CITY-STATE-ZIP	TITUSVILLE FL		2.4 CITY-STATE-ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SNODGRASS, LYNN ALVIN		3.2 NAME		
STREET ADDRESS	3603 ALAN DR.		3.3 STREET ADDRESS		
CITY-STATE-ZIP	TITUSVILLE FL		3.4 CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-STATE-ZIP			4.4 CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-STATE-ZIP			5.4 CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-STATE-ZIP			6.4 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *E. Snodgrass* **E. Snodgrass**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **3/13/96** District Phone #: **407/267-5785**

CR2E034 (12/95)