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FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90047 015 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # J90033

1. Corporation Name
THE WATAUGA COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2471 CHENEY HWY
 SUITE 4
 TITUSVILLE FL 32780
 US**

Mailing Address
**2471 CHENEY HWY
 SUITE 4
 TITUSVILLE FL 32780
 US**

3. Date Incorporated or Qualified
08/26/1987

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

4. FEI Number
59-2857836

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 owes the current year Intangible Personal Property Tax. Yes No

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 **FL** 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **PD SNODGRASS, ELIZABETH A.**
 STREET ADDRESS **3603 ALAN DR**
 CITY-ST-ZIP **TITUSVILLE FL**

TITLE DELETE
 NAME **VD SNODGRASS, JASON L.**
 STREET ADDRESS **3603 ALAN DR.**
 CITY-ST-ZIP **TITUSVILLE FL**

TITLE DELETE
 NAME **STD SNODGRASS, LYNN ALVIN**
 STREET ADDRESS **3603 ALAN DR.**
 CITY-ST-ZIP **TITUSVILLE FL**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE **VD** Change Addition
 2.2 NAME **SNODGRASS, JASON L.**
 2.3 STREET ADDRESS **4613 HELENA DRIVE**
 2.4 CITY-ST-ZIP **TITUSVILLE, FL 32780**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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: **Lynn Alvin Snodgrass** SECRETARY/TREASURER 13 JAN 99 407/267-5785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)