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FILED

Feb 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J98675 (8)
1. Corporation Name
WATSON TRUCKING & EQUIPMENT RENTAL, INC.

Principal Place of Business
11050 WILES RD. SUITE 103
CORAL SPRINGS FL 33076

Mailing Address
11050 WILES RD. SUITE 103
CORAL SPRINGS FL 33076



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1987

4. FEI Number

65-0014924

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 11050 WILES ROAD

Suite, Apt. #, etc.

22 SUITE 102

City & State

23 CORAL SPRINGS, FL

Zip

24 33076

Country

25 US

2a. Mailing Address

26 11050 WILES ROAD

Suite, Apt. #, etc.

27 SUITE 102

City & State

28 CORAL SPRINGS, FL

Zip

29 33076

Country

30 US

9. Name and Address of Current Registered Agent

WATSON, JOHN F.
11050 WILES RD., SUITE 103
CORAL SPRING FL 33076

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

Signature, type or print name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P WATSON, JOHN F.
STREET ADDRESS 12030 N.W. 20TH ST.
CITY-ST-ZIP PLANTATION FL

TITLE ☐ DELETE

NAME T WATSON, KEVIN
STREET ADDRESS 8727 NW 39TH ST
CITY-ST-ZIP SUNRISE FL 33351

TITLE ☐ DELETE

NAME S WATSON, DEBBIE
STREET ADDRESS 12030 NW 20TH CT.
CITY-ST-ZIP PLANTATION FL 33323

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 my address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1098

954-755-8343

Date

Daytime Phone #

0168743

CR2E034 (10/97)