

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  
Jun 01, 1999 8:00 am  
Secretary of State

06-01-1999 90038 044 \*\*\*150.00

DOCUMENT # K54549

1. Corporation Name  
WATSON EFFORT, INC.

Principal Place of Business

126 LAKESIDE CIR  
JUPITER FL 33458  
US

Mailing Address

126 LAKESIDE CIR  
JUPITER FL 33458  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1988

4. FEI Number

62-1378229

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 250 FAULKNEY WEST

Suite, Apt. #, etc.

22

City & State

23 TEQUESTA FL

Zip

Country

24 33469

25

U.S.

2a. Mailing Address

26 250 FAULKNEY WEST

Suite, Apt. #, etc.

27

City & State

28 TEQUESTA FL

Zip

Country

29 33469

30

US

9. Name and Address of Current Registered Agent

WATSON, SCOTT  
126 LAKESIDE CIR.  
JUPITER FL 33458

10. Name and Address of New Registered Agent

81

Name

SCOTT WATSON

82

Street Address (P.O. Box Number is Not Acceptable)

250 FAULKNEY WEST

83

84

City

TEQUESTA

FL

85

Zip Code

33469

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 of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/2/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
WATSON, SCOTT  
STREET ADDRESS  
126 LAKESIDE CIR.  
CITY-ST-ZIP  
JUPITER 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

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  
SCOTT WATSON  
1.3 STREET ADDRESS  
250 FAULKNEY WEST  
1.4 CITY-ST-ZIP  
TEQUESTA FL. 33469

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99

DATE

575-1962

Daytime Phone #

CR2E034 (11/98)

0356427