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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K70564

1. Corporation Name

WATKINS & RAMUNNI, P.A.

Principal Place of Business

% JOHN JAY WATKINS  
P.O. BOX 250  
LABELLE FL 33935

Mailing Address

% JOHN JAY WATKINS  
P.O. BOX 250  
LABELLE FL 33935

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

WATKINS, JOHN JAY  
150 S. MAIN ST.  
LABELLE FL

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature is required when changing office)

(NOTE)

12. OFFICERS AND DIRECTORS

TITLE DPT [ ] DELETE

NAME WATKINS, JOHN JAY

STREET ADDRESS 150 S. MAIN ST.

CITY-ST-ZIP LABELLE FL

TITLE DVS [ ] DELETE

NAME RAMUNNI, STEVEN A.

STREET ADDRESS 150 S. MAIN ST.

CITY-ST-ZIP LABELLE 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

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

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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. I am an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN JAY WATKINS

1-28-99

941-675-4429

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