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

DOCUMENT #	K70564
1. Corporation Name	117 000-

WATKINS & RAMUNNI, P.A.

Principal Place	e of Business	Mailing Address			Candibint firt traut fallen denn fritt ficht arate		81811 81811 1881
% JOHN JAY V	VATKINS	% JOHN JAY WATKINS			12		
P.O. BOX 250		P.O. BOX 250			DO NOT WRITE IN THIS	COACE	
LABELLE FL 33	935	LABELLE FL 33935			3. Date Incorporated or Qualified	STACE	1
İ					03/06/1989		
2. Principal P	lace of Business	2a, Mailing Address			4. F.f.1 Number	Ar	oplied For
21		26			65-0108846	F 4	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc				4 ! !	Add t-onal
22		27			5. Certificate of Status Desired [1]		бытыра
City & Stat	е	City & State			6. Etection Campaign Furancing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year In	tangible	,
24	25	29 3	10		Personal Property Tax	[Tyes	[105
	9. Name and Address of Current	Registered Agent		1	10. Name and Address of New Registered	Agent	
1 1447	VINC IOUN IAV		81	Nanie			1
	KINS, JOHN JAY		82	Street A	Address (P.O. Box Number is Not Acceptable)		
	S. MAIN ST.						į
LABI	ELLE FL		83				
1			84	City		85 Zip (Code
L			["		FL	-	
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligati	f Florida. Such change was aut	horized by	named c the corpor	corporation submits this statement for the purpose of ration's board of directors. I hereby ancept the appo	i changing its intment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and liber/apptrable (NOTE F	de jeste hed Agele	Lsgrev - re	presidente se sistem p		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	DPT	[]] DELETE	11 Table	Î		[Change	L) Addition
NAME	WATKINS, JOHN JAY		1.2 NAME				
STREET ADDRESS	150 S. MAIN ST.		1.3. 5 1888.1	ADDRESS.			
CITY-\$1-ZIP	LABELLE FL		14 CHTY - \$1	1-21 ²			
TITLE	DVS	[] DELETE	2 1 1111.8		500002766	Change	[Addition
NAME	ramunni, steven a.		2.2 NAME		-02/08/99	. 14 14 14 14 14 14 14 14 14 14 14 14 14	-014
STREET ADDRESS	150 S. MAIN ST.		2.3 STREET	ADDRESS	****150.00	88888 01010	150 UU
CITY-ST-ZIP	LABELLE FL		2.4 O/TY-5	1-2+	***** 130 • (ii)		. i
TITLE		[] DELFIE	3 1 TiTue			[Change	[] Adddrin
NAME			3.7 NAME				!
STREET ADDRESS			33\$1KEE1	ADDRE'SS			ĺ
C/TY-ST-Z/P			3.4 CiTy-5	7-20-1			
TITLE		[DELFTE	4.1 TifLE			[Change	[] Addition
NAME			4 2 NAME	J			j
STREET ADDRESS			43 STREET	ADDRESS.			
CITY-ST-ZIP			4.4 CHY-51	r-7IF			
TITLE		[] DELETE	5 1 TILLE			[Change	[Addition
NAME			5.2 NAME				
STREET ADDRESS			5381KEE1				
CITY-ST-ZIP			54 CITY-S	1-7161			. 1
TITLE		[] DELETE	6.1 TITLE			[Change	not/tbA]

CITY-ST-ZIP 14. Thereby 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 13 if changes of an attachment with an address, with all other like empowered.

6.2 NAME

63 STREET ADDRESS

6.4 CiTY+ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SULYTAM VATURE OFFICER
1-28-99

941-675.4427