## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # WATKINS PROPERTIES, INC. Principal Place of Business Mailing Address % GREGORY B. DICKENSON % GREGORY B. DICKENSON 918 (REAR) PARK AVE. 918 (REAR) PARK AVE. LAKE PARK FL 33403 LAKE PARK FL 33403 2. Principal Place of Business 2a. Mailing Address Applied For 65-0068821 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DICKENSON, GREGORY B. Street Address (P.O. Box Number is Not Acceptable) 82 140 INTRACOASTAL POINTE DR. **SUITE 401** 83 JUPITER FL 33477 84 City 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. (NOTE: Registered Agent signature required when reinstating) DATE (12/95)OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIFLE DELETE 1 1 TITLE Change ☐ Addition WATKINS, CHARLES N. 1.2 NAME **CR2E034** 918 PARK AVE. (REAR) STREET ADDRESS 1.3 STREET ADDRESS LAKE PARK FL 33403 CLOS - ST - ZIP 1.4 CITY - ST - ZIP DELETE Dilite 2 1 TITLE Change ☐ Addition NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY ST Z-P 24 CITY - ST - ZIP TITLE DELETE 3 1 TITLE Change ☐ Addition NAME 3.2 NAME SCREET ADORESS 3.3 STREET ADDRESS CITY - ST- ZIF 34 CITY - ST - ZIP TITLE DELETE Change 4 1 TITLE ☐ Addition 200001746542 -03/18/96--01036--006 NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS \*\*\*200.00 UP11-51-7P 4.4 CITY - ST - ZIP DELETE BULLE 5 1 TITLE ☐ Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY - ST - 2IP DELETE THE 6. 1 TITLE ☐ Addition NAMi 6.2 NAME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 Sectionary or or an attachment with an address.

6.3 STREET ADDRESS

64 CITY - ST-ZIP

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CHY ST-28

2 · 5 · 95 (407)844 - 99