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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001962

1. Corporation Name

FORT JEFFERSON PRESERVATION TRUST, INC.

Principal Place of Business

C/O KATHLEEN H WATKINS ESQUIRE
16881 SW 266 TERRACE
HOMESTEAD FL 33031

Mailing Address

C/O KATHLEEN H WATKINS ESQUIRE
16881 SW 266 TERRACE
HOMESTEAD FL 33031



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 9. Name and Address of Current Registered Agent

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

WATKINS, KATHLEEN H
16881 SW 266 TERRACE
HOMESTEAD FL 33031

3. Date Incorporated or Qualified

04/07/1997

4. FEI Number

65-0754443

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

DELETE

TITLE PD
NAME WATKINS, MICHAEL E
STREET ADDRESS 16881 SW 266 TERRACE
CITY-ST-ZIP HOMESTEAD FL 33031

DELETE

TITLE STD
NAME SINGLETARY, CAULION
STREET ADDRESS 15840 SW 283 STREET
CITY-ST-ZIP HOMESTEAD FL 33033

DELETE

TITLE VD
NAME JONES, THOMAS R
STREET ADDRESS 17950 SW 285 STREET
CITY-ST-ZIP HOMESTEAD FL 33030

DELETE

TITLE D
NAME MUNZ, CHARLES
STREET ADDRESS 23600 SW 162 AVE
CITY-ST-ZIP HOMESTEAD FL 33031

DELETE

TITLE D
NAME MULLINS, RICHARD
STREET ADDRESS 31155 SW 197 AVE
CITY-ST-ZIP HOMESTEAD FL 33030

DELETE

TITLE D
NAME DEMILLY, J W
STREET ADDRESS 2540 FAIRWAYS DR
CITY-ST-ZIP HOMESTEAD FL 33035

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 617, 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

Date

Daytime Phone #

CR2E037 (11/98)