

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000004642 (4)  
1. Corporation Name

WATSON-SISSON ENTERPRISES, INC.



Principal Place of Business

Mailing Address

2843 WOODLAND DR.  
ORANGE PARK FL 32073

2843 WOODLAND DR.  
ORANGE PARK FL 32073

3. Date Incorporated or Qualified  
11/10/1992

3a. Date of Last Report  
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, TERRANCE A  
769 BLANDING BLVD.  
ORANGE PARK FL

81 Name WAYNE F. WATSON SR.  
82 Street Address (P.O. Box Number is Not Acceptable)  
2843 WOODLAND DRIVE  
83 ORANGE PARK  
84 City FL 85 Zip Code 32073

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

Wayne F. Watson Sr.

WAYNE F. WATSON SR. P.

DATE

4.24.96

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME WATSON, WAYNE F SR.  
STREET ADDRESS 2843 WOODLAND DR.  
CITY - ST - ZIP ORANGE PARK FL

TITLE S ☐ DELETE  
NAME WATSON, BETTY L  
STREET ADDRESS 2843 WOODLAND DR.  
CITY - ST - ZIP ORANGE PARK FL

TITLE VP ☐ DELETE  
NAME SISSON, DAVID W  
STREET ADDRESS 8441 SPENCERS TRACE CT.  
CITY - ST - ZIP JACKSONVILLE FL

TITLE T ☐ DELETE  
NAME SISSON, PAMELA G  
STREET ADDRESS 8441 SPENCERS TRACE CT.  
CITY - ST - ZIP JACKSONVILLE FL

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  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP ☐ Change ☐ Addition

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

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

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

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

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

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 13 if changed, or on an attachment with an address.

SIGNATURE:

Wayne F. Watson Sr.

WAYNE F. WATSON SR. P. 4.24.96

Date

Daytime Phone #

904.264.7313

CR2E034 (12/95)