

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P92000010333 (2)

1. Corporation Name

WATSON-MCFEELY & ASSOCIATES, INC.



Principal Place of Business

6990 GLENEAGLE DR.  
MIAMI LAKES FL 33014

Mailing Address

6990 GLENEAGLE DR.  
MIAMI LAKES FL 33014

3. Date Incorporated or Qualified

12/08/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 420 N.W. 110th AVENUE

25 420 N.W. 110th AVENUE

4. FET Number

65-0374399

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

22 City & State

23 PLANTATION, FL

27 City & State

28 PLANTATION, FL

24 Zip

24 33324

Country

25 BROWARD

29 Zip

29 33324

Country

30 BROWARD

9. Name and Address of Current Registered Agent

MESE & ASSOCIATES, P.A.  
6175 NW 153RD STREET  
SUITE 201  
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name

William H. McFeely

82 Street Address (P.O. Box Number is Not Acceptable)

420 N.W. 110th Avenue

83

84 City

Plantation

FL

85 Zip Code

33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

W. H. McFeely VICE PRESIDENT

4/30/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DPT  
WATSON-MCFEELY, FRANCESCA M  
STREET ADDRESS 6990 GLENEAGLE DRIVE  
CITY- ST- ZIP MIAMI LAKES FL 33014

TITLE ☐ DELETE

NAME DVS  
MCFEELY, WILLIAM H  
STREET ADDRESS 6990 GLENEAGLE DRIVE  
CITY- ST- ZIP MIAMI LAKES FL 33014

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 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:

W. H. McFeely WILLIAM H. MCFEELY

4/30/96

954-916-4440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Daytime Phone #

CR2E034 (12/95)