

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 # P93000054582 (0)

1. Corporation Name

WATSON & OSBORNE, P.A.



Principal Place of Business

6825 LILLIAN ROAD
JACKSONVILLE FL 32211

Mailing Address

6825 LILLIAN ROAD
JACKSONVILLE FL 32211

3. Date Incorporated or Qualified 08/02/1993	3a. Date of Last Report 01/27/1995
4. FEI Number 59-3199636	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 208 Ponte Vedra Park Drive Suite Apt. #, etc. 22 Suite 101 City & State 23 Ponte Vedra Beach, FL Zip 24 32082-6600	26 208 Ponte Vedra Park Drive Suite Apt. #, etc. 27 Suite 101 City & State 28 Ponte Vedra Beach, FL Zip 29 32082-6600
Country 25 St. Johns	Country 30 St. Johns

9. Name and Address of Current Registered Agent

WATSON, G. KEITH
6825 LILLIAN ROAD
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name G. Keith Watson
82 Street Address (P.O. Box Number is Not Acceptable) 208 Ponte Vedra Park Drive
83 Suite 101
84 City Ponte Vedra Beach, FL
85 Zip Code 32082-6600

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

G. Keith Watson

G. KEITH WATSON - PTSD

01/17/96

Signature good except for name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTSD	1.1 TITLE	PTSD
NAME	WATSON, G. KEITH	1.2 NAME	G. KEITH WATSON
STREET ADDRESS	6825 LILLIAN ROAD	1.3 STREET ADDRESS	208 Ponte Vedra Park Drive - Suite 101
CITY - ST - ZIP	JACKSONVILLE FL - V	1.4 CITY - ST - ZIP	Ponte Vedra Beach, FL 32082-6600
TITLE		2.1 TITLE	
NAME	OSBORNE, LEE S	2.2 NAME	
STREET ADDRESS	6825 LILLIAN RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32211	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *G. Keith Watson*

G. Keith Watson/President

1/17/96

(904) 273-7009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)