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Feb 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000044654 (9)

1. Corporation Name  
M. KIRBY WATSON, P.A.



Principal Place of Business Mailing Address  
600 49TH ST N 600 49TH ST N  
SUITE A SUITE A  
ST PETERSBURG FL 33710 ST PETERSBURG FL 33710-7300

3. Date Incorporated or Qualified 06/15/1994 3a. Date of Last Report 06/17/1996

21. Principal Place of Business 2a. Mailing Address  
21 201 Second Ave. No. 26 201 Second Ave. No.  
Suite, Apt #, etc. Suite, Apt #, etc.  
22 Suite C 27 Suite C  
City & State City & State  
23 St. Petersburg, FL 28 St. Petersburg, FL  
Zip Country Zip Country  
24 33701 25 U.S.A. 29 33701 30 U.S.A.

9. Name and Address of Current Registered Agent

WATSON, M. KIRBY  
600 49TH ST N  
SUITE A  
ST PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name M. Kirby Watson  
82 Street Address (P.O. Box Number is Not Acceptable)  
201 Second Ave. No.  
83 Suite C  
84 City St. Petersburg FL 85 Zip Code 33701

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: M. Kirby Watson, President 2/11/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D WATSON, M. KIRBY	1.1 TITLE	
NAME	600 49TH ST N	1.2 NAME	
STREET ADDRESS	ST PETERSBURG FL 33710	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: M. Kirby Watson, President  
SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR

02/11/97 813/898-2000

Date Day/Time Phone #

CR2E034 (9/96)