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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P9500008929 (8)

1.	Corporation	Name		•	
	RILL	WATKING	ENTERPRISES	INC.	

Mailing Address Principal Place of Business 65 BENOIST FARMS ROAD 65 BENOIST FARMS ROAD WEST PALM BEACH FL 33411 WEST PALM BEACH FL 33411 3a. Date of Last Report 3. Date Incorporated or Qualified 01/30/1995 4. FLI Number 2a. Mailing Address Applied For 2. Principal Place of Business 65-0565507 26 P.O. BOX 210323 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State ROYAL PALMBEACH, Fl. Trust Fund Contribution Added to Fees 23 This corporation has liability for intangible tax under s 199.032, f lorida Statutes Yes ☐ No $Z_{\rm ID}$ Country 29 33421-0323 30 PALM BEACH 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name WATKINS, BILL D Street Address (P.O. Box Number is Not Acceptable) 65 BENOIST FARMS ROAD 83 WEST PALM BEACH FL 33411 84 City Zip Code 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. WILL D. HUNTKINS PRES. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE TITLE CR2E034 1.2 NAME NAME WATKINS, BILL D **65 BENOIST FARMS ROAD** STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33411 14 CITY - ST - ZIP CITY - ST- ZP Change ____ Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 C(1Y+S1+Z)F CITY - ST - ZIF Change Addition DELFTE 3 1 TITLE THE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - \$1 - 7IP CITY - \$1 - ZIF DELÉTÉ ☐ Change ■ Addition 4. 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREEL ADDRESS 4.4 C+TY - ST - ZIP CITY - ST - ZIP Addition ["] DELFIE 5.1 Till E TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$7 - 7/P DITY-ST-ZIP ☐ Change Addition TITLE DELETE 6 1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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.

BILL D. WATKIMG