

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P95000014397 (0)**

1. Corporation Name
WATTRON ENTERPRISES, INC.



Principal Place of Business 2010 VALENCIA DRIVE JACKSONVILLE FL 32207	Mailing Address 2010 VALENCIA DRIVE JACKSONVILLE FL 32207
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 14328 Mandarin Rd Suite, Apt. #, etc. 22 City & State 23 Jax FL Zip 24 32223		2a. Mailing Address 26 14328 Mandarin Rd Suite, Apt. #, etc. 27 City & State 28 Jax FL Zip 29 32223		3. Date Incorporated or Qualified 02/20/1995	
Country 25 Dual		Country 30 Dual		4. FEI Number 59-3297002 Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WATTRON, PEGGIE K 2010 VALENCIA DRIVE JACKSONVILLE FL 32207				10. Name and Address of New Registered Agent 81 Name Wattron, Peggie K 82 Street Address (P.O. Box Number is Not Acceptable) 14328 Mandarin Road 83 84 City Jax FL 85 Zip Code 32223			
---	--	--	--	--	--	--	--

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 **Peggie Wattron, Pres.**

Signature of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD	<input type="checkbox"/> DELETE		1.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATTRON, PEGGIE K			1.2 NAME	Wattron Peggie K		
STREET ADDRESS	2010 VALENCIA DRIVE			1.3 STREET ADDRESS	14328 Mandarin Rd		
CITY-ST-ZIP	JACKSONVILLE FL 32207			1.4 CITY-ST-ZIP	Jax FL 32223		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	WATTRON, PEGGIE K	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATTRON, TED S			2.2 NAME	WATTRON, PEGGIE K		
STREET ADDRESS	2010 VALENCIA DRIVE			2.3 STREET ADDRESS	2010 VALENCIA DRIVE		
CITY-ST-ZIP	JACKSONVILLE FL 32207			2.4 CITY-ST-ZIP	JACKSONVILLE FL 32207		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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 on an attachment with an address.

SIGNATURE: **Peggie Wattron, Pres. Peggie Wattron** **4-22-98 904-565-002**

CR2E034 (10/97)