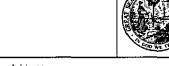
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

DOCUMENT#

P95000017504

1. Entity Name WATKINS' HONEY, INC.



Principal Place of Business 50 - 11TH STREET APALACHICOLA FL 32320		Mailing Address 50 - 11TH STREET APALACHICOLA FL 32320		 	
2. Principal Place of Business		3. Mailing Address			,
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-3395304	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered	i Agent
			Name		
SHULER, J). Gordon Street		Street Addres	ss (P.O. Box Number is Not Acceptable)	
APALACHI	COLA FL 32320				
			City	FI	Zip Code
	ions of registerèd agent.		ng its registered office or regi	stered agent, or both, in the State of Florida. I am	n familiar with, and accept
	Signature, typed or printed name of registered ag	gent and title if applicable.	(NOTE: Registered Agent signature req	uired when reinstating) DATE	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0 Payable to Florida Departmen			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AI	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 11
NAME STREET ADDRESS	D WATKINS, GEORGE M 50 - 11TH STREET APALACHICOLA FL 32320	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP	·	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90180 033 ***150.00

CR2E034 (10/02)