

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

**FILED**  
Aug 19 1996 8:00 am  
Secretary of State

**DOCUMENT # P95000042462 (8)**

1. Corporation Name  
**L.H. WATSON GROUP, INC.**



Principal Place of Business  
**4585 8TH AVE. 30-  
ST. PETERSBURG FL 33711  
7381 - 114th Ave. No.  
Suite 403-A  
Largo, FL 33773**

Mailing Address  
**4585 8TH AVE. 30-  
ST. PETERSBURG FL 33711  
7381 - 114th Ave. No.  
Suite 403-A  
Largo, FL 33773**

2. Principal Place of Business  
21 **7381 114 Ave NO**

Suite, Apt. #, etc  
22 **403-A**

City & State  
23 **LARGO, FL**

Zip  
24 **33773** Country  
25 **USA**

2a. Mailing Address

Suite, Apt. #, etc  
27 **SAME**

City & State  
28 **SAME**

Zip  
29 Country  
30

3. Date Incorporated or Qualified  
**05/25/1995**

3a. Date of Last Report

4. FEJ Number  
**59-3324116** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**WATSON, DALE  
495 42 AVE. NO.  
ST. PETERSBURG FL 33703**

10. Name and Address of New Registered Agent

81 Name **WATSON, DAK**

82 Street Address (P.O. Box Number is Not Acceptable)  
**4902 38 WAY SO 306-B**

83

84 City **St. Petersburg FL** 85 Zip Code **33711**

11. Pursuant to the provisions of Sections 607.0102 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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

Signature of person authorized to execute this statement

Signature of person applying for statement

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                           | STREET ADDRESS              | CITY-ST-ZIP                     | <input type="checkbox"/> DELETE |
|-------|--------------------------------|-----------------------------|---------------------------------|---------------------------------|
|       | <b>VP<br/>WATSON, DALE</b>     | <b>4902 38 WAY SO 306-B</b> | <b>St. Petersburg, FL 33711</b> | <input type="checkbox"/>        |
|       | <b>Pres<br/>WATSON, LONNIE</b> | <b>4902 38 WAY SO 306-B</b> | <b>St. Petersburg, FL 33711</b> | <input type="checkbox"/>        |
|       |                                |                             |                                 | <input type="checkbox"/>        |
|       |                                |                             |                                 | <input type="checkbox"/>        |
|       |                                |                             |                                 | <input type="checkbox"/>        |
|       |                                |                             |                                 | <input type="checkbox"/>        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

200001926292  
-08/20/96--01065--018  
\*\*\*225.00

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: **DALE WATSON** *Dale Watson* **8-3-96** **813-546-6638**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)