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

PROFIT CORPORATION ANNUAL REPORT

1999

WATKINS PRODUCTIONS INC.

1. Corporation Name



DOCUMENT # P95000083448

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Katherine Harris Secretary of State

Mar 23, 1999 8:00 am **Secretary of State**

03-23-1999 90054 030 ***150.00

|--|--|--|--|--|

Principal Place of Business	Mailing Address				
12 SIGUENZA DR	6112 SIGUENZA DE				
NSACOLA FL 32507 PENSACOLA FL 32507			1		
S	US		DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualifed		
~	~		10/27/1995	ı	
. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
il	26		59-3344988	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u> </u>	5. Certificate of Status Desired	\$8.75 Additional	
	27		3. Certificate of Glatos Desired	Fee Required	
City & State	City & State	City & State		\$5.00 May Be	
	28		Trust Fund Contribution	Added to Fees	
Zip Country	Zip Cou	ntry	8. This corporation owes the current year Int	angible	
25	29 30		Personal Property Tax.	Yes 🖾 No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
		81 Name			
WATKINS, ELIZABETH J 6112 SIGUENZA DR.			Street Address (P.O. Box Number is Not Acceptable)		
		82 Street Addr			
PENSACOLA FL 32507	1 00007				
1 (10.1005)		83			
		84 City		85 Zip Code	
			FL	-	

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 (NOTE: Registered Agent signature required Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition ☐ DELETE TITLE 1.1 TITLE WATKINS, ELIZABETH J 1.2 NAME NAME 6112 SIGUENZA DR. 1.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 32507 CITY-ST-ZIP 14 CITY-ST-ZIP Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 6.1 TITLE ☐ Change 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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, with all other like empowered.

REQUIRED

CR2E034 (11/98)