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FILED

Jan 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000097000 (0)

1. Corporation Name  
JOHN E. WATSON, P.A.



Principal Place of Business

Mailing Address

2. Principal Place of Business

2a. Mailing Address

21 655-19th Ave NE

26 655-19th Ave N.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 St Petersburg

27 St Petersburg

City & State

City & State

23 Florida

28 Florida

Zip

Country

24 33704

25 U.S.

29 33704

30 U.S.

3. Date Incorporated or Qualified

12/26/1995

3a. Date of Last Report

04/09/1996

4. FEI Number

59-3360706

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

10. Name and Address of New Registered Agent

WATSON, JOHN E

ST. PETERSBURG FL 33707

655-19th Ave N.E.

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed to protect name of registered agent and filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
WATSON, JOHN E  
STREET ADDRESS  
800 - 49TH STREET NORTH, SUITE C  
CITY - ST - ZIP  
ST. PETERSBURG FL 33710

1.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME  
WATSON, PATRICIA E  
STREET ADDRESS  
800 - 49TH STREET NORTH, SUITE C  
CITY - ST - ZIP  
ST. PETERSBURG FL 33710

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/96

Date

813-323-1135

Daytime Phone #

0376751

CR2E034 (9/96)