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97 JUN 30 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P96000030859 (8)**

1. Corporation Name
WATSON WORLD, INC.

Principal Place of Business	Mailing Address
4478 WERLEYS CORNER RD. NEW TRIPOLI PA 18066	4478 WERLEYS CORNER RD. NEW TRIPOLI PA 18066-3219

3. Date Incorporated or Qualified: 04/09/1996
3a. Date of Last Report: N/A

2. Principal Place of Business
21 281 MT. OLIVE RD
Suite, Apt. #, etc. 22
City & State 23 McDonough, GA
Zip 24 30253 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 52-1988889 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: AKERMAN, SENTERFITT & EIDSON, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 216 SOUTH MONROE ST.
83 SUITE 200
84 City: TALLAHASSEE FL 85 Zip Code: 32301

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 when reinstating) DATE
Signature, type or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	~~Director, Rodney D~~	☐ Change ☐ Addition
NAME	WATSON, RODNEY D		1.2 NAME		
STREET ADDRESS	4729 FOREST TRAIL		1.3 STREET ADDRESS	~~4729 FT~~ 281 MT OLIVE RD	
CITY-ST-ZIP	COLLIERVILLE TN 38017		1.4 CITY-ST-ZIP		
TITLE	~~PRESIDENT~~	☒ DELETE	2.1 TITLE	Director	☒ Change ☐ Addition
NAME	~~WATSON, Rodney D~~		2.2 NAME	WATSON, Rodney D	
STREET ADDRESS	281 MT OLIVE RD		2.3 STREET ADDRESS	281 MT OLIVE Rd	
CITY-ST-ZIP	~~McDONOUGH GA 30263~~		2.4 CITY-ST-ZIP	Mc Donough GA 30263	
TITLE	Secretary	☐ DELETE	3.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	Philip R. Evans		3.2 NAME	Philip R. Evans	
STREET ADDRESS	4478 Werleys Corner Road		3.3 STREET ADDRESS	4478 Werleys Corner Road	
CITY-ST-ZIP	New Tripoli, PA 18066		3.4 CITY-ST-ZIP	New Tripoli, PA 18066	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME	100002228811--1	
STREET ADDRESS			4.3 STREET ADDRESS	-07/02/97--01043--006	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	****165.00 ****165.00	
TITLE		☐ DELETE	5.1 TITLE	100002228811--1	☐ Change ☐ Addition
NAME			5.2 NAME	-07/02/97--01043--007	
STREET ADDRESS			5.3 STREET ADDRESS	****385.00 ****385.00	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	A. Alan	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	6/30/97	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Philip R Evans (PHILIP R. EVANS) 4-2-97 610-298-2886