PROFIT CORPORATION ANNUAL REPORT

TITLE

NAME

STREET ADDRESS

1999 *(1*



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jun 25, 1999 8:00 am Secretary of State

06-25-1999 90008 031 ***158.75

DOCUMENT # P96000030859

WATSON WORLD, INC. Mailing Address Principal Place of Business 281 MT. OLIVE ROAD 281 MT. OLIVE ROAD MCDONOUGH GA 30253 MCDONOUGH GA 30253 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/09/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 52-1988889 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required-22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution T 28 23 Country 8. This corporation owes the current year Intangible Country Zin Zip ПNо Personal Property Tax. ☐ Yes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent AKERMAN, SENTERFITT & EIDSON, P.A. Street Address (P.O. Box Number is Not Acceptable) 82 216 SOUTH MONROE STREET SUITE 200 83 TALLAHASSEE FL 32301 Zip Code 85 84 City 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 or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition ☐ DELETE 1.t TITLE TITLE WATSON, RODNEY D 1.2 NAME NAME 281 MT. OLIVE ROAD 1.3 STREET ADDRESS STREET ADDRESS MCDONOUGH GA 30253 14 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE EVANS, PHILIP R 22 NAME 4478 WERLEYS CORNER ROAD 2.3 STREET ADDRESS STREET ADDRESS NEW-TRIPOLI-PA-18066~ 2"4 CITY: ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-\$1-ZIP ☐ Addition DELETE ☐ Change TITLE 4 1 TITLE 4.2 NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP

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.

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

770-95

CR2E034

Change

☐ Addition