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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90076 030 ***150.00

DOCUMENT # P9600063758

1. Corporation Name

WALT WATSON CONSTRUCTION, INC.

Principal Place of Business Mailing Address							T SOUISEDE SIO LOISO DICH ADUIT ÉDISE ADELI COLIG I		JI 41161 1011 1001	
2718 APPALOOSA RD. 2718 APPALOOSA RD.										
			NDO FL 32822				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed	01 AOL		
							07/29/1996			
2 Principal P	tace of Business	2a. Mailing Ad	dress				4. FEI Number	A	pplied For	
21	1200 01 000111000	26					59-3393256	J+	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.						Additional	
22		27					5. Certifcate of Status Desired	Fee R	equired	
City & State			City & State				- 6. Election Campaign Financing	\$5.00	May Be	
23		28					Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip		Country			8. This corporation owes the current year Inta		_	
24	25	29	30	<u> </u>			Personal Property Tax.	Yes	□No	
	9. Name and Address of Currer	<u>t Registered Ager</u>	<u>nt </u>		T		10. Name and Address of New Registered	Agent		
14/43	CON WALTED LID			81	Nan	ne	,		}	
WATSON, WALTER J JR.			82	Stre	et Addre	ess (P.O. Box Number is Not Acceptable)				
2718 APPALOOSA RD. ORLANDO FL 32822				83						
URL	ANDO PL 32822								}	
				84	City		-	85 Zip	Code	
							FL			
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Fl of Florida. Such ch	orida Statutes, ange was auth	the above orized by	e-nam the co	ed corpo progration	pration submits this statement for the purpose of n's board of directors. I hereby accept the appoin	cnanging ii itment as r	s registered egistered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 60	7.0505, Florida	Statutes			• • •		·	
SIGNATURE										
40	Signature, typed or printed name of registered age		(NOTE: Re	<u> </u>	nt signati	ure required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12	
12.		D DIRECTORS	DELETE	13. 1.1 TITLE		Т	ADDITIONS/CHANGES TO OFFICERS AN	Change		
TITLE	D WATEON WALTED ! ID			1.2 NAME						
NAME	WATSON, WALTER J JR. 2718 APPALOOSA RD.			1.3 STREET		:ee	•			
STREET ADDRESS						33			Į.	
CITY-ST-ZIP TITLE	ORLANDO FL 32822		DELETE	1.4 CITY-ST 2.1 TITLE	1 · ZIP			Change	Addition	
		_	,	2.2 NAME					- !	
NAME				2.3 STREET	T ADDDD	ee			ł	
STREET ADDRESS				2.4 CITY-S		.55			}	
CITY-ST-ZIP			DELETE	3.1 TITLE	1-2JP	+		Change	☐ Addition	
NAME	-	` .	19.1	3.2 NAME				_, -		
				3.3 STREET	TANDRE	:00			<u> </u>	
STREET ADDRESS				3.4. CITY-S			•			
CITY-ST-ZIP TITLE			DELETE	4.1 TITLE	, , - <u>C</u> IF	+		Change	Addition	
NAME				4.2 NAME					_	
	1			4.3 STREET	TADORE	ss				
STREET ADDRESS				4.4 CITY-S						
CITY-ST-ZIP TITLE	*		DELETE		,- LIF				☐ Addition	
NAME	1			5.1 III LE				Change		
STREET ADDRESS			, , , , , , , , , , , , , , , , , , , ,	5.1 TITLE 5.2 NAME				Change		
STREET ADDRESS		_		i	T ADDRE	:SS		☐ Change	, Addition	
CITY OF TIP				5.2 NAME		:SS		Change	, Addition	
CITY-ST-ZIP] DELETE	5.2 NAME 5.3 STREET		ess		☐ Change	_	
TITLE				5.2 NAME 5.3 STREET 5.4 CITY-S		ess			_	
				5.2 NAME 5.3 STREET 5.4 CITY-S' 6.1 TITLE	T-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 cath; 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP