2000 UNIFORM BUSINESS REPORT (UBR)

5399 E HWY C-30A UNIT 6

3. Mailing Address

City & State

Suite, Apt. #, etc

SEAGROVE BEACH FL 32459

DOCUMENT # P96000063837 WATTSOUND OF SOUTH WALTON, INC. Mailing Address Principal Place of Business

5399 E HWY C-30A UNIT 6

SEAGROVE BEACH FL 32459

2. Principal Place of Business

BOWEN, FOREST M

6205 N LAGOON DR

PANAMA CITY BEACH FL 32408

Country

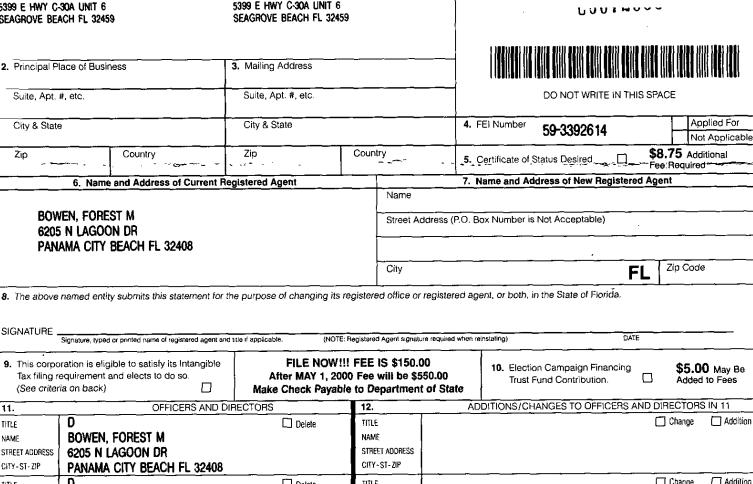
6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

City & State

FILED Apr 25, 2000 8:00 am Secretary of State

04-25-2000 90114 025 ***150.00



(NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE BOWEN, FOREST M NAME NAME CR2E034 STREET ADDRESS STREET ADDRESS 6205 N LAGOON DR CITY~ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32408 Change ☐ Addition Delete TITLE TITLE WATTS, JAMES M NAME NAME STREET ADDRESS STREET ADDRESS 2512 BREEZY LANE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32405 Change TITLE Addition ☐ Delete TITLE 3912 PRINCESS LANE DANAMA CITY, FL. 324 WATTS, THOMAS W NAME NAME STREET ADDRESS 2700 COUNTRY CLUB DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LYNN HAVEN FL 32444 ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Country

Name

City

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.