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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # P96000092163 1. Corporation Name

J.P. WATSON ENTERPRISES, INC.

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90039 014 ***150.00



				#	
Principal Place	e of Business	Mailing Address			
		110 N. CHURCH AVENUE PANAMA CITY FL 32401-4949			
				DO NOT WRITE IN THIS SPA	CE
				3. Date Incorporated or Qualifed	
				11/07/1996	
	lace of Business	2a. Mailing Address	5 41 · 5 · 6	4. FEI Number	Applied For
	. CHURCH AVE	26 100N CHU	RCH AV		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		E Contiferto of Statue Decired	8.75 Additional Fee Required
City & Stat		City & State			5.00 May Be
23 PANAL		28 PANAMA CIT	4 FL		Added to Fees
Zip	Country	[Zip	Country	8. This corporation owes the current year Intangity	Je
24 BL	LON 25 V.A.	29 32401. 4949 30	4.2.U	, Personal Property Tax.	∕es □No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Ager	ıt
18/ 6.7	CON IEEEDEV D		81 Name	WATSON, JEFFREY P	<u> </u>
WATSON, JEFFREY P 410 N. CHURCH AVENUE				Address (P.O. Box Number is Not Acceptable)	
	IAMA CITY FL 32401-4949		83	ON CHURCH AVE.	
1 7414	" WILL COLL E OETO TOTO			Strate March	<u>; </u>
			84 Cibs	INAMA CITY FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes,	the above-named of	corporation submits this statement for the purpose of chan	ging its registered
office or r	redistered. Anent of boto in the State o	f Florida. Such change was autho ons of, Section 607.0505, Florida	Olizeu by the colbo	ration's board of directors. I hereby accept the appointment	nt as registered
	The state of the s	JP1127571	. NEEL	F 1-1-9	રે ૧
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE. Reg	gistered Agent signature re		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DI	
TITLE	D	☐ DELETE	1.1 TITLE	OFFICER P	Change
NAME	WATSON, JEFFREY P		1.2 NAME	WATSON, TEFFREY P.	
STREET ADDRESS			1.3 STREET ADDRESS	TOOK CHUILLY	
CITY-ST-ZIP	PANAMA CITY FL 32401-4949		1.4 CITY-ST-ZIP	PANAMA CITY, FL. 32	Change Addition
TITLE		☐ DELETE	2.1 TTLE	L.;	Sharige
NAME			2.2 NAME		
STREET ADDRESS	~		2.3 STREET ADDRESS	The second secon	- *
CITY-ST-ZIP			2.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	3.1 TITLE		ze.igo
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME		<u></u>	4.2 NAME	-	- -
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change
NAME	1		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	·	
TITLE		☐ DELETE	6.1 TITLE		Change
NAME		İ	62 NAME		
STREET ADDRESS			63 STREET ADDRESS		

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 comparation of 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 on our attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURÉ

CITY-ST-ZIP