2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 01, 2001 8:00 am Secretary of State DOCUMENT # P96000092163 J.P. WATSON ENTERPRISES, INC. 02-01-2001 90055 047 ***150.00 Principal Place of Business Mailing Address 106 N CHUBCH AVE 100 N CHURCH AVE PANAMA CITY FL 32401-4949 PANAMA CITY FL 32401-4949 7801 JOHN PITTS RD 7801 JOHN PITTS RD PANAMA CITY FL. 32404 PANAMA CITY FL 32404 2. Principal Place of Business 3. Mailing Address 7801 JOHN PITT 1801 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3440137 PANAMA TANAMA Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ω ozt $A\omega$ WATSON, JEFFREY P Street Address (P.O. Box Number is Not Acceptable) 100 N CHURCH AVE PANAMA CITY FL 32401-4949 8. The above named entity submit ant for the purpose of changing its registered office or registered agent, or both, in the State of Florida. GNATURE yped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. P. WATSON TITLE ☐ Delete TITLE Change WATSON, JEFFREY P NAME NAME RS STITE WHOL TOBE 106 N CHURCH AVE STREET ADDRESS STREET ADDRESS PANAMA CITY FL. 32404 PANAMA CITY FL 32401-4949 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this ting 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 to add 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 trasfee 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. In all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

WATSON 1-29

850 913 9603

☐ Change

■ Addition

Daytime Phone #