**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 25 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 POCUMENT # P9700000686 (0) WATSON & SON, INC. Principal Place of Business Mailing Address 1419 LEO LANE CLEARWATER FL 84815 1419 LEO LANE (Office CLEARWATER FL 34615 DO NOT WRITE IN THIS SPACE 33755 33755 3. Date Incorporated or Qualified 01/03/1997 2. Principal Place of Business 2a. Mailing Address 4. FFI Number Applied For Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 25 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent O'CONNOR, PATRICK M PATEL, MOORE & O'CONNOR, P.A. 82 18167 U.S. HIGHWAY 19 NORTH, SUITE 150 **CLEARWATER FL 34624**  Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named office or registored agent, or both, in the State of Florida, Such change was authorized by the co-agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. mits this statement for the purpose of changing its registered of directors. I hereby accept the appointment as registered Robert P. Watson with a PRESIDENT PRESIDENT OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE Change TITLE 1.1 TITLE Robert P. WATSON WATSON, RICHARD 1.2 NAME NAME 1419 LEO LANE Apt 41 1419 LEO LANE 1.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL 34615** CIGARWATER FI 3375. 1.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition 2.1 TITLE NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 31 TITLE Change Addition TITLE 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 34. CITY-\$1-ZIP CITY - ST - ZIP DELFTE Change ☐ Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP

CITY-ST-ZIP 64 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 13 if changed, or on an agractment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

Robert P. Water 2/18/98 813 447 5064

Change

Addition