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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000036304 (8) DOCUMENT # 1. Corporation Name

WATSON PROPERTIES INC.

FILED May 28 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						-) (CONTROL (CONTROL CONTROL CO				
9131 SHOAL CREEK DR. 9131 SHOAL CREEK DR.			1								
TALLAHASSEE FL 32312 TALLAHASSEE FL 32312											
						<u> </u>	DO NOT WRIT	E IN THIS	SPACE		_
						3.	Date Incorporated or Qualified 04/23/1997				
2. Principal Place of Busin	ness 28	. Mailing Address				4.	FEI Number		177	pplied For	
21		26				"			- T	lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				T_	Certificate of Status Desired			Additional	-
22		27				5.	Certificate of Status Desired			lequired	
City & State		City & State				1	Election Campaign Financing	_		May Be	1
Zip Country		Zip Country					Trust Fund Contribution	<u> </u>	·	to Fees	4
24	<u> </u>	29 30		illy			This corporation owes or has p Personal Property Tax due Jun			itangible 1 No	
g, Name	and Address of Current Regis	lered Agent	[30]		· · · · · · · · · · · · · · · · · · ·		Name and Address of New R				\dashv
WATSON, JO	HNNY A			81	Name						
9131 SHOAL CREEK DR.			-	62 Street		see /P /	O. Box Number is Not Accepta	blo			4
TALLAHASSE	1.			Olioot ridaro		e. Box (40/11bb) is 1401 Accepta	516)				
				83						*******	7
			ł	84	City				85 Zip	Code	
					•			FL	. 1 1		
Diffice or registered as	ions of Sections 607,0502 and 6 pent, or both, in the State of Florid the and accept the obligations of	da. Such cha nce was a	authorized	i by '	named corpo the corporation	oration on's bo	submits this statement for the pard of directors. I hereby acce	purpose o	if changing i pointment as	ts registered registered	1
	tit ane accept the conganous of	r, section 607,0005, £10	orida Statt	JUS.							
SIGNATURE: Signature, typed	or printed name of region red agent and title	if applicable (NOT	E: Registered	Agen	t signature required	d when r	einstating)	DATE			ہے
12.	OFFICERS AND DIREC		13.			Al	DDITIONS/CHANGES TO OFFI	CERS ANI	DIRECTO	RS IN 12	_]ç
TITLE PRESI	plent an A Wateral	L DELETE	1.1 TIT						☐ Change	☐ Addition	_ [5
NAME JOHNY A WATSON STREET ADDRESS 9131 Shoa L CREEK PR CITY-ST-ZIP TRIMANASSEE, F1 3231Z			1.2 NAME								5
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NAME				2.2 NAME					☐ Change	Addition	٠ ٦
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CITY-ST-ZIP			2. 4 CI1		Į.						ł
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NAME			3.2 NAM	ME					-		
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CITY-ST-ZIP			3.4. CIT	Y-ST	- 2 (P						_
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NAME		T D DECEMB	5.1 T(TL) 5.2 NAN		1				Change	☐ Addition	
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TOTLE		DELETE	61 HIL						Change	Addition	+
NAME			62 NAN								
STREET ADDRESS			6 3 STR		DDRESS						
CITY-ST-ZIP			6.4 City	r-ST-	ZIP		•				
14. I hereby certify that the	information supplied with this fi	ling does not quality fo	r the exen	notic	on stated in Si	ection	119.07(3)(i), Florida Statutes, I	further ce	rtify that the	information	1

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 12 or Block 13 if changed on an attachment with an address.