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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

99 APR 23 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P98000015471

1. Corporation Name
WATSON'S TRANSIT INC.

Principal Place of Business

**RT 1 WATSON'S LANE
PINETTA FL 32350**

Mailing Address

**P O BOX 21
PINETTA FL 32350**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**WATSON, ANGUS T JR
RT 1 WATSON'S LANE
PINETTA FL 32350**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and state if applicable

Title, if registered as trustee, receiver or trustee

Date

12. OFFICERS AND DIRECTORS

TITLE: **President** [DELETE]
NAME: **Angus T. Watson, Jr.**
STREET ADDRESS: **Rte 1 Watson's Lane**
CITY-ST-ZIP: **Pinetta, Florida 32350**

TITLE: [DELETE]
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: **Vice President/Sec.** [DELETE]
NAME: **Margaret Elizabeth Watson**
STREET ADDRESS: **Rte 1 Watson's Lane**
CITY-ST-ZIP: **Pinetta, florida 32350**

TITLE: [DELETE]
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: [DELETE]
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: [DELETE]
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: [Change] [Addition]
12 NAME:
13 STREET ADDRESS:
14 CITY-ST-ZIP:
15 TITLE:
16 NAME:
17 STREET ADDRESS:
18 CITY-ST-ZIP:

19 TITLE: [Change] [Addition]
20 NAME:
21 STREET ADDRESS:
22 CITY-ST-ZIP:

23 TITLE: [Change] [Addition]
24 NAME:
25 STREET ADDRESS:
26 CITY-ST-ZIP:

27 TITLE: [Change] [Addition]
28 NAME:
29 STREET ADDRESS:
30 CITY-ST-ZIP:

31 TITLE: [Change] [Addition]
32 NAME:
33 STREET ADDRESS:
34 CITY-ST-ZIP:

35 TITLE: [Change] [Addition]
36 NAME:
37 STREET ADDRESS:
38 CITY-ST-ZIP:

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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. Part 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Angus T. Watson, Jr.* **Angus T. Watson, Jr.** 4/21/99 850-929-3741

05-48830

CR2E034 (1/1/98)

B. 4/23/99 99AR