

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90199 003 ***150.00

DOCUMENT # **P98000075354**

1. Corporation Name

WATCHMASTERS, INC.

Principal Place of Business

205 SEVILLA STREET
ST. AUGUSTINE BEACH FL 32084

Mailing Address

POST OFFICE BOX 4169
ST. AUGUSTINE FL 32085

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

08/28/1998

4. FEI Number

59-3531152

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

PRINZ, BETH T
1100 SOUTH FEDERAL HIGHWAY
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name

W. HENRY O'CONNELL

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

2200 N. PONCE DE LEON BLVD

83

SUITE 10

84 City

ST AUGUSTINE

FL

85 Zip Code

32086

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-6-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETENAME **D**
STUART, FRANK FSTREET ADDRESS **205 SEVILLA STREET**CITY-ST-ZIP **ST. AUGUSTINE BEACH FL 32084**TITLE ☐ DELETENAME **D**
STUART, GWENDOLYN PSTREET ADDRESS **205 SEVILLA STREET**CITY-ST-ZIP **ST. AUGUSTINE BEACH FL 32084**TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 prepare 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99

Daytime Phone #

CR2E034 (11/98)