## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

<b>DOCUMENT</b>	#	
<ol> <li>Corporation Name</li> </ol>		

S02591

(3)

K. L. WATTS, INC.



Principal Place	of Business	Má	iling Address								
592 STILL M PALM HARBO	EADOW CIRCLE OR FL 34683		592 STILL MEADOW   PALM HARBOR FL 34								
							<ol> <li>Date Incorporated or Qualified 09/25/1990</li> </ol>		3a. Date of Last Report 06/07/1995		
2. Principal Pla	ice of Business	:2a.	Mailing Address				4. FEI Number			Applied For	
21		26					59-3033062	,,	<u> </u>	Not Applicable	
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			75 Additional e Required		
City & State		27	City & State				6. Election Campaign Financing			00 May Be	
23		28	•				Trust Fund Contribution			ded to Fees	
Zip 24	Country 25	29	Zip	Cour	ntry		8. This corporation has liability for Florida Statutes	intangible tax \\ No	k under	s 199.032,	
	g. Name and Address of Curren	it Regis	lered Agent				10. Name and Address of New R	legistered A	igent		
					81	Name					
	KENNETH LEE LL MEADOW CIRCLE				82	Street Add	dress (P.O. Box Number is Not Acceptable)				
	IARBOR FL 34683			Ī	83						
					84	City			85	Zip Code	
							ration submits this statement for the pur	<u> </u>	11		
SIGNATURE	h, and accept the obligations of, Sect Signature, byed or plinted has a of registered agent OF FICERS AN	and tile d	a spincable (N		Ágen	nt signature require	ad wisch revistating)  ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIREC	TORS IN 12	
TITLE	P		DELETE	1. 1 TI	11 <b>F</b>				Chang		
NAME	watts, kenneth lee			1.2 NA	Мľ						
STREET ADDRESS	592 STILL MEADOW CIR.			1.3 STI	REET	ADDRESS					
CITY - S1 - ZIP	PALM HARBOR FL		Para Delett	1.4 CIT		51 - ZIP			7.5	. [7] 44400	
TATLE	ST WATTS, TERRI J.		DELETE	2 1 1				L	] Chang	ge Addition	
NAME STREET ADDRESS	592 STILL MEADOW CIR.			2.2 NA		r ADDRESS					
CITY-SI-ZIP	PALM HARBOR FL			2401							
TITLE			DELETE	3 1 Ti				- C	] Chang	ge 🔲 Addition	
NAME				3 2 NA	ME						
STREET ADDRESS						1 ADDRESS					
City-St-ZiP			[] DELETE			ST - ZIP			7 Chang	ne 🗍 Addition	
TITLE NAME			C) pere it	4. 1 TI 4 2 NA				L.	_ chang	le 🗂 Worldon	
STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP						ST-ZIP					
TITLE			[] DELETE	5 1 11					Chang	ge 🔲 Addition	
NAME				5 2 NA	ME						
STREET ADDRESS				5.3 \$1	REEI	I ADORESS					
CITY-ST-ZIP						S1 - ZIP					
TITLE			DELETE:	6.11					] Chang	ge [] Addition	
NAME				6 2 NA							
STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP	L			■ 6.4 C	1Y-S	ST-ZIF		07/04/15			

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 of 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

SIGNATURE: 1