PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V27767

1. Corporation Name

RICHARD WATSON & ASSOCIATES, INC.

 Principal Place of Business
 Mailing Address

 108 E. JEFFERSON
 PO BOX 10038

 SUITE C
 TALLAHASSEE FL 32302-2038

 TALLAHASSEE FL 32301
 US

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90067 041 ***150.00



SUITE C		TALLAHASSEE FL 32302-2038		DO NOT WRITE IN THIS	CDACE		
TALLAHASSEE FL 32301 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
					04/10/1992]
6 6 10		2a Mailing Address			4. FEI Number	- T Δn	plied For
2. Principal Place of Business 2a. Mailing Address					59-3121491	<u> </u>	ot Applicable
25 26					393121431	\$8.75	
——————————————————————————————————————					5. Certificate of Status Desired	Fee Re	
22					6 Flactice Complete Financing		
<u>├</u>					6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
23	Country Zip			D/	This corporation owes the current year Internal Control of the Current year Inte		10 (603
Zip		 `	Zip Country		Personal Property Tax.	∏ Yes	E No
24	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
	5. Name and Address of Curren	iit vediareten väetti		1 Name	101 1144,100 4114 7.444,1005 0.1144,100		
WATSON, RICHARD							
108 EAST JEFFERSON STREET				2 Street Ad	dress (P.O. Box Number is Not Acceptable)		ľ
SUITE C				3			———
TALLAHASSEE FL 32301				· •			
,,,,,			8	4 City	FL	. 85 Zip 1	Code
11 Dureuant t	to the provisions of Sections 607 050	02 and 607 1508. Florida Statul	es, the abo	ve-named co	impration submits this statement for the purpose of	changing its	registered
office or re	egistered agent, or both, in the State	e of Florida. Such change was a	iuthorized t	y the corpora	ation's board of directors. I hereby accept the appo-	intment as re	gistered
agent. I ar	n familiar with, and accept the obliga	ations of, Section 607.0505, Fig	inda Statuti	es.			ļ
SIGNATURE	Signature, typed or printed name of registered age	not and title if analisable (NOT	· Pacietored Ar	ent signature regu	tired when reinstating) DATE		
12.		ND DIRECTORS	13.	Jan algrana requ	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTO	DRS IN 12
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NAME	•			EET ADDRESS)
STREET ADDRESS	-		5.3 STR				ļ
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NAME			- 1	EET ADORESS			}
STREET ADDRESS							}
CITY-ST-ZIP			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 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:

ACTION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 (830) 222-000 Dayline Phone # CR2E034 (11/98