

**2017 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 194593

**Entity Name:** WATSCO, INC.**Current Principal Place of Business:**2665 S BAYSHORE DRIVE  
SUITE 901  
COCONUT GROVE, FL 33133**Current Mailing Address:**2665 S BAYSHORE DRIVE  
SUITE 901  
COCONUT GROVE, FL 33133**FEI Number:** 59-0778222**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN, CEO, DIRECTOR  
Name NAHMAD, ALBERT H  
Address 2665 S BAYSHORE DRIVE, SUITE 901  
City-State-Zip: COCONUT GROVE FL 33133

Title VP, CFO, ASST. SECRETARY,  
TREASURER  
Name MENENDEZ, ANA M  
Address 2665 S BAYSHORE DRIVE SUITE 901  
City-State-Zip: COCONUT GROVE FL 33133

Title SVP, SECRETARY, DIRECTOR  
Name LOGAN, BARRY S  
Address 2665 S BAYSHORE DRIVE SUITE 901  
City-State-Zip: COCONUT GROVE FL 33133

Title PRESIDENT, DIRECTOR  
Name NAHMAD, AARON  
Address 2665 S BAYSHORE DRIVE  
SUITE 901  
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR  
Name DARNELL, DAVID C  
Address 2665 S BAYSHORE DRIVE  
SUITE 901  
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR  
Name DICKENS, DENISE  
Address 2665 S BAYSHORE DRIVE  
SUITE 901  
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR  
Name SAPE, GEORGE P  
Address 2665 S BAYSHORE DRIVE  
SUITE 901  
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR  
Name FEDRIZZI, STEVEN R  
Address 2665 S BAYSHORE DRIVE  
SUITE 901  
City-State-Zip: COCONUT GROVE FL 33133

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** EFY DISTEFANO**TREASURER****05/16/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                MOSS , BOB  
Address            2665 SOUTH BAYSHORE DRIVE  
                         9001  
City-State-Zip:    MIAMI FL 33133

Title                 AUTHORIZED REP  
Name                DISTEFANO , EFY  
Address            2665 SOUTH BAYSHORE DRIVE 901  
City-State-Zip:    MIAMI FL 33133