**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 10, 2017**
**Secretary of State**
**CC1437554957**

DOCUMENT# P07000013045

**Entity Name:** WATSON INSURANCE INC

**Current Principal Place of Business:**

10909 ATLANTIC BLVD #13
JACKSONVILLE, FL 32225

**Current Mailing Address:**

10909 ATLANTIC BLVD #13
JACKSONVILLE, FL 32225 US

**FEI Number: 26-1855775**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WATSON, DOUGLAS R
10909 ATLANTIC BLVD #13
JACKSONVILLE, FL 32225 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: DOUGLAS R WATSON 04/10/2017

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | P | Title | VP |
| Name | WATSON, DOUGLAS R | Name | WATSON, ROBYN I |
| Address | 11246 CASTLEMAIN CIR N | Address | 11246 CASTLEMAIN CIR N |
| City-State-Zip: | JACKSONVILLE FL 32256 | City-State-Zip: | JACKSONVILLE FL 32256 |

*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: DOUGLAS R WATSON PRESIDENT 04/10/2017

Electronic Signature of Signing Officer/Director Detail — Date