

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000038801

**Entity Name:** WATSON CIVIL CONSTRUCTION, INC.

**Current Principal Place of Business:**

319 WEST TOWN PLACE  
SUITE 25  
ST AUGUSTINE, FL 32092

**Current Mailing Address:**

319 WEST TOWN PLACE  
SUITE 25  
ST AUGUSTINE, FL 32092 US

**FEI Number:** 46-5639198

**Certificate of Status Desired:** No

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

VEZINA, W. ROBERT III  
413 EAST PARK AVENUE  
TALL., FL 32301 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 CEO, PRESIDENT, TREASURER  
Name WATSON, JOHN D  
Address 319 WEST TOWN PLACE  
SUITE 25  
City-State-Zip: ST AUGUSTINE FL 32092

Title VP  
Name PEPLINSKI, CRAIG J  
Address 319 WEST TOWN PLACE  
SUITE 25  
City-State-Zip: ST AUGUSTINE FL 32092

Title VP, SECRETARY  
Name BAILEY, ROGER L  
Address 319 WEST TOWN PLACE  
SUITE 25  
City-State-Zip: ST AUGUSTINE FL 32092

Title ASST. SECRETARY  
Name DE LA SERNA, FRANKLIN T  
Address 319 WEST TOWN PLACE  
SUITE 25  
City-State-Zip: ST AUGUSTINE FL 32092

Title SECRETARY  
Name HODGINS, WESLEY  
Address 319 WEST TOWN PLACE  
SUITE 25  
City-State-Zip: ST AUGUSTINE FL 32092

*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:** JOHN WATSON

**PRESIDENT**

**02/01/2021**

Electronic Signature of Signing Officer/Director Detail

Date