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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT 1. Corporation Name	# P94000078673 (8)										
WATTERSON INSURANCE AGENCY, INC.											

1. Corporation Name WATTERSON INSURANCE AGENCY, INC. Principal Place of Business Mailing Address											
1471 TIMB SUITE 110			3120 ORTEGA DRIVE								
	SEE FL 32312	TALLAHASS	EE FL 32312								
US						3. Date Incorporated or Qualified 10/26/1994	3a. Dat	e of Last F 01/19/			
2. Principal Pla	ace of Business	2a. Mailing Addre	988			4. FEI Number			Applied For		
21 Suite Ant 4		[26]				59-3272363	******		Not Applicable		
Suite, Apt #	4, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired See Require					
Orty & State		City & State	 			6. Election Campaign Financing \$5.00 M Trust Fund Contribution Added to					
Zip	Country	Ζ(ρ)	Co	auntry		8. This corporation has liability for	intangible t				
24	25	29	30						to .		
	9. Name and Address of Curre	ent Registered Agent			r	10. Name and Address of New R	legistered	Agent			
				81	Name						
	ERSON, GEORGE H			82	Street Add	dress (P.O. Box Number is Not Acceptab	ole)				
	ORTEGA DRIVE										
TALLA	HASSEE FL 32312			83							
				84	City			85 Z	o Code		
44 D	100000000000000000000000000000000000000				L <u>.</u> ,,		FL	_ _			
or registere	su agent, or both, in the State of Fior	oual Succionange was a	authonzed by the	ove r	named corpo oration's ho:	pration submits this statement for the pur ard of directors. Thereby accept the app	pose of chi pintment as	anging its i registered	registered office Lacent Lacu		
familiar with	h, and accept the obligations of, Sec	ition 607.0505, Florida 8	Statutes					.090.000	ogo. K. Tarr		
SIGNATURE	Skynet ize, typed or printed humen of registered age	Character of South State	Transfer to Live	4 &		ed wheate estate y					
12.		ND DIRECTORS	1 13		it signators ne. [at	ADDITIONS/CHANGES TO OFF	ICERS AND	DIBECTO	SES IN 12		
TITLE	PTO	DELF		THILE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition		
NAM (WATTERSON, CAROL L			NAME			•				
STREET ADDRESS	3120 ORTEGA DRIVE		1.3	STREET	ADDRESS						
CITY+ST-ZIP	TALLAHASSEE FL 32312			OTY S							
THLE	SVD	☐ DELE		TITLE			i	Change	☐ Addition		
NAME	WATTERSON, KIMBERLY	D	22	NAMÉ	1		-				
STREET ADDRESS	3120 ORTEGA DRIVE		23	STREET	ADDRESS						
CITY-ST-7IP	TALLAHASSEE FL 32312			CITY-S							
TITLE	DELETE		-	3 1 TITLE				Change	Addition		
NAME			321	NAME			•	3.			
STREET ADDRESS					ADORESS						
CITY - ST - ZIP				CITY-S	i						
TITLE		☐ DELE		TITLE				Change	Addition		
NAME		_	421	NAME			L		⇔		
STREET ADDRESS					ADDRESS	-23 -K					
CITY-ST-ZIP				CHTY - S		CIETE WILLIAM.					
TITLE		☐ DELE		TITLE		A O LEGALIANDE STREET	, r	Change	☐ Addition		
NAME I		_		намі			L				

CITY - ST - ZIP 64 CITY ST ZIP 14. 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 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.

5 3 STREET ADDRESS

6 3 STREET ADDRESS

5 4 CITY - ST - ZiP

6 1 TIFLE

6.2 NAME

SIGNATURE: //

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELFTE

\$ -14-96 V 904385-4777

Addition