2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2019
Secretary of State
2571849932CC

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Entity Name: CAROLYN DUKE WATSON INSURANCE, INC

Current Principal Place of Business:

501 HWY 90 W
DEFUNIAK SPRINGS, FL 32435

Current Mailing Address:

1094 BLUE POND LANE
PONCE DE LEON, FL 32455

FEI Number: 82-3687919

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WATSON, CAROLYN
501 HWY 90 W
DEFUNIAK SPRINGS, FL 32435 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	P	Title	VP
Name	WATSON, CAROLYN	Name	WATSON, BURNIS
Address	1094 BLUE POND LANE	Address	1094 BLUE POND LANE
City-State-Zip:	PONCE DE LEON FL 32455	City-State-Zip:	PONCE DE LEON FL 32455

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: CAROLYN WATSON P 04/18/2019

Electronic Signature of Signing Officer/Director Detail — Date