

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000005479

**FILED**  
**Jan 25, 2018**  
**Secretary of State**  
**CC6200114769**

**Entity Name:** LEWIS-WATKINS-FARMER AGENCY, INC.

**Current Principal Place of Business:**

3834 SPICEWOOD SPRINGS ROAD  
SUITE 100  
AUSTIN, TX 78759

**Current Mailing Address:**

3834 SPICEWOOD SPRINGS ROAD  
SUITE 100  
AUSTIN, TX 78759 US

**FEI Number:** 74-2320159

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, 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        PRESIDENT, TREASURER,  
SECRETARY, DIRECTOR  
Name        WATKINS, PATRICK L.  
Address     3834 SPICEWOOD SPRINGS ROAD  
SUITE 100  
City-State-Zip: AUSTIN TX 78759

Title        DIRECTOR  
Name        WOMACK, MATTHEW  
Address     3834 SPICEWOOD SPRINGS ROAD  
SUITE 100  
City-State-Zip: AUSTIN TX 78759

Title        DIRECTOR  
Name        NOXON, SHEILA PENNINGTON  
Address     3834 SPICEWOOD SPRINGS ROAD  
SUITE 100  
City-State-Zip: AUSTIN TX 78759

Title        DIRECTOR  
Name        WEBB, ANDREW K  
Address     3834 SPICEWOOD SPRINGS ROAD  
SUITE 100  
City-State-Zip: AUSTIN TX 78759

Title        DIRECTOR  
Name        OGLE, HANNA R  
Address     3834 SPICEWOOD SPRINGS ROAD  
SUITE 100  
City-State-Zip: AUSTIN TX 78759

Title        DIRECTOR  
Name        HOWELL, JAMES BRENT  
Address     3834 SPICEWOOD SPRINGS ROAD  
SUITE 100  
City-State-Zip: AUSTIN TX 78759

*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:** SHEILA PENNINGTON NOXON

**DIRECTOR**

**01/25/2018**

Electronic Signature of Signing Officer/Director Detail

Date