

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000000371

Entity Name: LOGWOOD INSURANCE AGENCY, INC.

Current Principal Place of Business:

2330 N LOOP 1604 W
SAN ANTONIO, TX 78248

Current Mailing Address:

P.O. BOX 33240
SAN ANTONIO, TX 78265

FEI Number: 20-3445886

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 AND DIRECTOR
Name STOKES, WARREN A
Address P.O. BOX 33240
City-State-Zip: SAN ANTONIO TX 78265

Title VICE PRESIDENT AND DIRECTOR
Name LABRIE, SUSAN P
Address P.O. BOX 33240
City-State-Zip: SAN ANTONIO TX 78265

Title SECRETARY, VP, DIRECTOR
Name WEBB, THOMAS C
Address P.O. BOX 33240
City-State-Zip: SAN ANTONIO TX 78265

Title ASSISTANT SECRETARY
Name MORALEZ, SHANNON P.
Address P.O. BOX 33240
City-State-Zip: SAN ANTONIO TX 78265

Title VP, TREASURER
Name GOLLA, BRYAN S
Address 2330 N. LOOP W 1604
City-State-Zip: SAN ANTONIO TX 78265

Title VP
Name STOKES, WARREN A
Address 2330 N. LOOP W 1604
City-State-Zip: SAN ANTONIO TX 78248

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: BRYAN GOLLA

VP & TREASURER

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date