2018 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

FILED May 03, 2018

Secretary of State

CC4215413402

Officer/Director Detail:

Title PRESIDENT AND DIRECTOR Title VICE PRESIDENT AND DIRECTOR

Name STOKES, WARREN A Name LABRIE, SUSAN P
Address P.O. BOX 33240 Address P.O. BOX 33240

City-State-Zip: SAN ANTONIO TX 78265 City-State-Zip: SAN ANTONIO TX 78265

TitleSECRETARY, VP, DIRECTORTitleASSISTANT SECRETARYNameWEBB, THOMAS CNameMORALEZ, SHANNON P.

Address P.O. BOX 33240 Address P.O. BOX 33240

City-State-Zip: SAN ANTONIO TX 78265 City-State-Zip: SAN ANTONIO TX 78265

Title VP, TREASURER Title VP

NameGOLLA, BRYAN SNameSTOKES, WARREN AAddress2330 N. LOOP W 1604Address2330 N. LOOP W 1604City-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: WARREN A STOKES

PRESIDENT

05/03/2018