

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000004742

**FILED  
Mar 29, 2016  
Secretary of State  
CC3936329548**

**Entity Name:** SBSI INSURANCE AGENCY OF TEXAS, INC.

**Current Principal Place of Business:**

595 SOUTH FEDERAL HIGHWAY  
SUITE 500  
BOCA RATON, FL 33432

**Current Mailing Address:**

595 SOUTH FEDERAL HIGHWAY  
SUITE 500  
BOCA RATON, FL 33432 US

**FEI Number: 58-2559203**

**Certificate of Status Desired: No**

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

NRAI SERVICES, INC  
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, CEO, CHAIRMAN OF THE BOARD, DIRECTOR	Title	TREASURER, CFO, SECRETARY, DIRECTOR
Name	LEEDS, MARSHALL T.	Name	JACOBS, STEVEN C.
Address	595 SOUTH FEDERAL HIGHWAY SUITE 500	Address	595 SOUTH FEDERAL HIGHWAY SUITE 500
City-State-Zip:	BOCA RATON FL 33432	City-State-Zip:	BOCA RATON FL 33432

*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: STEVEN C. JACOBS**

**TREASURER, CFO,  
SECRETARY**

**03/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date