

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005022

FILED
Apr 25, 2012
Secretary of State

Entity Name: BROWN & BROWN LONE STAR INSURANCE SERVICES, INC.

Current Principal Place of Business:

3201 CHERRY RIDGE DR
SUITE D405
SAN ANTONIO, TX 78230

New Principal Place of Business:

Current Mailing Address:

3201 CHERRY RIDGE DR
SUITE D405
SAN ANTONIO, TX 78230

New Mailing Address:

FEI Number: 74-3018410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: V
Name: MCMAHAN, JOHN P
Address: 3201 CHERRY RIDGE DRIVE, SUITE D405
City-St-Zip: SAN ANTONIO, TX 78230

Title: DP
Name: BRIDGES, C. ROY
Address: 3101 W DR MARTIN LUTHER KING, SUITE 400
City-St-Zip: TAMPA, FL 33607

Title: VS
Name: GRAMMIG, LAUREL L
Address: 3101 W DR MARTIN LUTHER KING, SUITE 400
City-St-Zip: TAMPA, FL 33607

Title: V
Name: HUVAL, TOMMY K
Address: 102 ASMA BLVD, SUITE 300
City-St-Zip: LAFAYETTE, LA 70374

Title: V
Name: WALKER, CORY T
Address: 220 S RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T
Name: SANDERS, MICHELE
Address: 2800 N CENTRAL AVE, SUITE 1600
City-St-Zip: PHOENIX, AZ 85004

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: LAUREL L GRAMMIG

VS

04/25/2012

Electronic Signature of Signing Officer or Director

Date