

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000004303

**Entity Name:** GLASS, SORENSON AND MCDAVID, INC.

**Current Principal Place of Business:**

1102 E LAUREL  
ROCKPORT, TX 78382

**Current Mailing Address:**

P. O. BOX 1478  
ROCKPORT, TX 78381

**FEI Number: 74-1950429**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
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 DIRECTOR, PRESIDENT, CHAIRMAN  
Name MCDAVID, JOHN M JR.  
Address 1102 E LAUREL  
City-State-Zip: ROCKPORT TX 78382

Title DIRECTOR, VP, TREASURER,  
SECRETARY  
Name HALL, SHERI L  
Address 1102 E LAUREL  
City-State-Zip: ROCKPORT TX 78382

Title DIRECTOR, VP  
Name MCDAVID, JOHN T  
Address 1102 E LAUREL  
City-State-Zip: ROCKPORT TX 78382

Title DIRECTOR  
Name MOSIER, ROBERT D JR.  
Address 1102 E LAUREL  
City-State-Zip: ROCKPORT TX 78382

Title VP  
Name MCDAVID, JOSEPH B  
Address 1102 E LAUREL  
City-State-Zip: ROCKPORT TX 78382

Title VP  
Name MCDAVID, ANDREW D  
Address 1102 E LAUREL  
City-State-Zip: ROCKPORT TX 78382

Title VP  
Name MCDAVID, PATRICK R  
Address 1102 E LAUREL  
City-State-Zip: ROCKPORT TX 78382

*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: JOHN M MCDAVID, JR**

**PRESIDENT**

**03/02/2017**

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

\_\_\_\_\_  
Date