



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Foreign Business Corporation  
Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000505173

2. Name of Corporation Deep South Surplus, Inc.

3. Street Address Principal Business Office:

No. and Street: 333 TEXAS STREET, SUITE 725

City or Town: SHREVEPORT

State: LA Zip: 71101 Country: USA

4. Business Phone No.

214-493-4350

5. State of Incorporation

State: LA

6. Brief Description of the Character of Business Conducted in Rhode Island

INSURANCE AGENCY SERVICES

7. Names and Addresses of the Officers and Directors:

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	BRAD SHOFRA	7701 LAS COLINAS RIDGE, SUITE 600 IRVING, TX 75063 USA
CEO	TRACY BOWDEN	7701 LAS COLINAS RIDGE SUITE 600 IRVING, TX 75063 USA
VICE PRESIDENT	JAMES HUGHES	7701 LAS COLINAS RIDGE, SUITE 600 IRVING, TX 75063 USA
SECRETARY	NANCY SELF	LAS COLINAS RIDGE, SUITE 600 IRVING, TX 75063 USA
DIRECTOR	TRACY BOWDEN	LAS COLINAS RIDGE, SUITE 600

DIRECTOR	JAMES K HUGHES	IRVING, TX 75063 USA 7701 LAS COLINAS RIDGE SUITE 600 IRVING, TX 75063 USA
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**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$1.0000	1,000.00	1000

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

*Signed this 15 Day of January, 2015 at 12:20:42 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By CLAIRE HAZEN  
Signature of Authorized Representative of the Corporation

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

Form No. 630  
Revised 09/07

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