FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:53

DOCUMENT # **820840** **(7)**

1. Corporation Name
APPALACHIAN INSURANCE COMPANY

Principal Place of Business	Mailing Address
ALLENDALE PARK P.O. BOX 7500 JOHNSTON RI 02919	ALLENDALE PARK P.O. BOX 7500 JOHNSTON RI 02919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/31/1967**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **05-0284861** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc (27)
5. Certificate of Status Desired ☐ **$9.75** Additional Fee Required

City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HUNT, JOHN E. JR.
325 KNOX ROAD
BLDG. G, SUITE 101
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT	11 TITLE	☐ Change ☐ Addition
NAME	GARDNER, ROBERT R	12 NAME	
STREET ADDRESS	15 CRYSTAL DR	13 STREET ADDRESS	
CITY-ST-ZIP	E GREENWICH RI	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	MEKRUT, WILLIAM A.	22 NAME	
STREET ADDRESS	4 FAIR OAK DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN RI	24 CITY-ST-ZIP	
TITLE	VS	31 TITLE	VS ☒ Change ☐ Addition
NAME	JOHNSON, DAVID L	32 NAME	Pomeroy, John J.
STREET ADDRESS	32 NEW MEADOW RD	33 STREET ADDRESS	179 Pinecrest Drive
CITY-ST-ZIP	BARRINGTON, RI 00000	34 CITY-ST-ZIP	No. Kingston, RI 02852
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	SUDRAMANIAM, SHIVAN S.	42 NAME	Subramaniam (Spelling Correction)
STREET ADDRESS	14 ROSE COURT	43 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE, RI 00000	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ADJORJAN, JULIUS J.	52 NAME	
STREET ADDRESS	WEBSTER GROVES, MO.	53 STREET ADDRESS	
CITY-ST-ZIP	WOODSIDE, CA 00000	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	D ☒ Change ☐ Addition
NAME	DOLAN, BEVERLY F	62 NAME	Carey, John J.
STREET ADDRESS	24 CEDAR AVE	63 STREET ADDRESS	12166 Wateroak Drive
CITY-ST-ZIP	BARRINGTON, RI 00000	64 CITY-ST-ZIP	Fetaro, FL 33928

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: _____ 3/20/95 401-275-3000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #
James M. Mendes, Assistant Treasurer

Allendale Park
P.O. Box 7500
Johnston, Rhode Island 02919-0500
Cable ALLENDALE Telex 927500

T20890

Appalachian Insurance Company

New Providence Corporation, Underwriting Manager

March 20, 1995

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, FL 32302-1500

Gentlemen/Ladies:

Enclosed is our Florida Corporation Annual Report, Document #821734, and a check in the amount of $200.00 as payment of the associated filing fee.

Sincerely,

Yvette D. Martin

Yvette D. Martin
Tax Accountant

Enclosures

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 32 PM 1:26

DOCUMENT # **821359** **(7)**

1. Corporation Name
KIMLEY-HORN AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3001 WESTON PARKWAY (CARY, NC 27513) P. O. BOX 33068 RALEIGH NC 27636-3068	3001 WESTON PARKWAY (CARY, NC 27513) P. O. BOX 33068 RALEIGH NC 27636-3068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/24/1968**
3a. Date of Last Report: **02/10/1994**

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) Country (25) / Zip (29) Country (30)

4. FEI Number: **56-0885615** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BARTLETT, DONALD L.
4431 EMBARCADERO DR.
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE		☒ Change ☐ Addition
NAME	VICK, C. E.JR.	12 NAME		
STREET ADDRESS	~~2205 NANCY ANN DRIVE~~	13 STREET ADDRESS	3001 Weston Parkway	
CITY-ST-ZIP	~~RALEIGH NC~~	14 CITY-ST-ZIP	Cary, NC 27513	
TITLE	EVD	21 TITLE	EV/D/AS	☒ Change ☐ Addition
NAME	VICK, HAROLD D.	22 NAME		
STREET ADDRESS	~~10000 LARCH COURT~~	23 STREET ADDRESS	4431 Embarcadero Drive	
CITY ST ZIP	~~PALM BCH GARDENS FL~~	24 CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE	~~EVD~~	31 TITLE	EV/D/AS	☐ Change ☒ Addition
NAME	~~BEEGON, FRED V. JR.~~	32 NAME	Donald L. Bartlett	
STREET ADDRESS	~~8126 WOODCREEK CT.~~	33 STREET ADDRESS	4431 Embarcadero Drive	
CITY-ST-ZIP	~~JUPITER FL~~	34 CITY ST ZIP	West Palm Beach, FL 33407	
TITLE	PD	41 TITLE		☒ Change ☐ Addition
NAME	WRIGHT, ROBERT G.	42 NAME		
STREET ADDRESS	~~700 BLENHEIM DR.~~	43 STREET ADDRESS	3001 Weston Parkway	
CITY-ST-ZIP	~~RALEIGH NC~~	44 CITY ST ZIP	Cary, NC 27513	
TITLE	~~SVD~~	51 TITLE	SV/D/AS	☐ Change ☒ Addition
NAME	~~HOWELL, ROBERT H.~~	52 NAME	T. Jack Bagby, III	
STREET ADDRESS	~~1400 N LAKESIDE DR.~~	53 STREET ADDRESS	6465 College Park Square, Ste. 200	
CITY ST ZIP	~~LAKE WORTH FL~~	54 CITY ST ZIP	Virginia Beach, VA 23464	
TITLE	ST	61 TITLE		☒ Change ☐ Addition
NAME	WILSON, MARK S.	62 NAME		
STREET ADDRESS	~~4000 DEERWOOD DR.~~	63 STREET ADDRESS	3001 Weston Parkway	
CITY ST ZIP	~~RALEIGH NC~~	64 CITY ST ZIP	Cary, NC 27513	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Mark S. Wilson, Secy/Treas 3/23/95 (919) 677-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #