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CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

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April Apri	STAND	Name PARD GUARANTY INSURA	ANCE COMPANY					
ATTHE RAY DEB ATTHER AND 30027 US 1, Inherent Face of Namices 2, Inherent Face of Namices 2, Inherent Face of Namices 3, Early Aget is, etc. 3, Suit, Aget is,	nogal Place of Business Mailing Address				1665A 10101 01101 60500 11100 0	118 8 Wist Minet Minit Minit	Ailter Arges Arbit 1801	
1,	ATTN: ROY. I	DEBI	ATTN: RAY, DEBI					
This cope file of Business 2a Making Address 3a File Number 3c File						3. Date Incorporated or Qualified 3a. Date of Last Report		
Solito, April B. cells B. cells Solito, April B. cells B. ce							02/21	/1995
Subject April 8. 665: Subject S	Princ-pal Plac	ce of Business	2a. Mailing Address				_	Applied For
Coy & State 27						58 59-1529579		Not Applicable
City & State City & State City & State City & State City Country City Country C	Saite, Apt. #	, etc.	⊢ −¬			5. Certificate of Status Desired		-
Trust Fund Contribution Added to Fig.	Ca . 6 Chale					6 Floating Companies Financing		
Country 29 30 Country 8	Jiry & State		F i					
Name and Address of Current Registered Agent 10, Neme and Address of New Registered Agent 10, Neme and Address 10, Neme and Addr	 Zm	Country		Country				
Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 10, Name and Address (P.O. Box Numbers is Not Acceptable) 10, Name and Address of New Registered Agent 10, Name and Address of New Registered 10, Name and Address of New Registered Agent 10, Name and Add	4.	r	h - 1	·				
INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301 82 Street Address (P.O. Box Number is Not Acceptable) Furusing to the processions of Sections 607.0509 and 607.1509. Florids Statutes, the above named corporation submits the statement for the purpose of changing its register or registered appear, or both, in the State of Florids. Section flory cwas authorized by the corporation submits the statement for the purpose of changing its register or registered appear, or both, in the State of Florids. Section flory cwas authorized by the corporation's board of directors. I hereby accept the appointment as registered appear. INVALUE INVALUE POSTATE SAND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN BAILE STATES AND DIRECTORS IN BAILES, W. MICHAEL 3280 NORTHSIDE PKWY N.W. ATLANTA GA VD INTERPRETATIONESS ATLANTA GA VS INTERPRETATIONESS ATLANTA GA V						10. Name and Address of New	Registered Agent	
THE CAPITOL TALLAHASSEE FL 32301 63 64 City FL 65 B4 City FL 65 B5 Zip Cod Or registered apent, or both, in this State of Floads. Such charge was authorized by the corporation submits this statement for the purpose of banding its registered apent, or both, in this State of Floads. Such charge was authorized by the corporation's board of directors. I hereby accept the appointment as registered apent, or both, in this State of Floads. Such charge was authorized by the corporation's board of directors. I hereby accept the appointment as registered apent, or both, in this State of Floads. Such charge was authorized by the corporation's board of directors. I hereby accept the appointment as registered apent or registered apent, or both, in this State of Floads. Such charge was authorized by the corporation's board of directors. I hereby accept the appointment as registered apent or registered apent, or both, in this State of Floads. Such charge was authorized by the corporation's board of directors. I hereby accept the appointment as registered apent, or both, in this State of Floads. Such charge was authorized by the corporation's board of directors. I hereby accept the appointment as registered apent, or both, in this state of Floads. State appointment as registered apent of corporation's board of directors. I hereby accept the appointment as registered apent of corporation's board of directors. I hereby accept the appointment as registered apent. DATE OF FLOEDS AND Appointment as authorized by the corporation's board of directors. I hereby accept the policy appointment as registered apent. BALLAURES STATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III. Change DATE OF FLOEDS AND NORTHSIDE PKWY N.W. ATLANTA GA 1 STREET ADDRESS 2 STREET ADDRESS 3 STREET ADDRESS 3 STREET ADDRESS 4 CITY ST. 2P Change Change Change Change Change Change Change Chan				81	Name			
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TALLAHASSEE FL 32301 B3			82	Street Add	agress (P.O. Box Number is Not Acceptable)			
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This stand to the provisions of Sections 607.05(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its register of agent, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agen purpose with a provision of Section 607.05(6). Florida Statutes the corporation's board of directors. I hereby accept the appointment as registered agen purpose with a provision of Section 607.05(6). Florida Statutes the corporation's board of directors. I hereby accept the appointment as registered agen purpose with a provision of Section 607.05(6). Florida Statutes the corporation's board of directors. I hereby accept the appointment as registered agen. DATE OFFICERS AND DIRECTORS. P	11120 41	TOPEC 1 E DEGG !					12-1	7. 0.4.
Pursuant to the provisions of Sections 607.0502 and 607.1508, Fivilida Statutes, the above named corporation submits this statement for the purpose of changing its register of open, 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 again. In the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered again. I hereby accept the accept the accept again. I hereby accept the acc				84	City		F1 85	Zip Code
P					nt signature require			CTORS IN 12
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		I SZSU NUKIHSIDE PKWY I	14. VY 2 ₁	63 STREE	I ADDRESS			
 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the skyllation state. I section 119.07(3)(k), Florida Statutes. I certify that the information indicated on this provide report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made oath; that I am an officer or director of this control or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my 	REEL ADDRESS		/		'			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/8/96 (404) -261-9000.