FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **370253** **(7)**

1. Corporation Name

CAPITAL INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
1425 E. Piedmont Dr. ~~1545 RAYMOND DIEHL RD. STE. 250~~ # 301 TALLAHASSEE FL ~~32308~~ 32312 US	P. O. BOX ~~0697~~ 15949 TALLAHASSEE FL ~~32315~~ 32317 US

3. Date Incorporated or Qualified: 09/23/1970	3a. Date of Last Report: 04/27/1995
4. FEI Number: 59-1346146	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	

2. Principal Place of Business	2a. Mailing Address
21 1425 E. Piedmont Dr.	26 P.O. Box 15949
Suite, Apt. #, etc. 22 Suite 301	Suite, Apt. #, etc. 27
City & State 23 Tallahassee FL	City & State 28 Tallahassee, FL
Zip 24 32312 Country 25 USA	Zip 29 32317 Country 30 USA

9. Name and Address of Current Registered Agent

MOORE, DAVID M.
~~1545 RAYMOND DIEHL RD 250~~ 1425 E. Piedmont Dr. #301
TALLAHASSEE FL ~~32308~~ 32312

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: David M. Moore Sr. (Signature required for printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: David M. Moore, Sr. 2-28-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MOORE,DAVID M		1.2 NAME	David M. Moore	
STREET ADDRESS	1545 RAYMOND DIEHL RD 250		1.3 STREET ADDRESS	1425 E PIEDMONT DR #301	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	LAUER, DALE R.		2.2 NAME	Lauer, Dale R	
STREET ADDRESS	1545 RAYMOND DIEHL RD 250		2.3 STREET ADDRESS	1425 E. PIEDMONT DR #301	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	MOORE,ANN K		3.2 NAME	Moore, Ann K	
STREET ADDRESS	1545 RAYMOND DIEHL RD 250		3.3 STREET ADDRESS	1425 E Piedmont Dr. #301	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	Tallahassee FL 32312	
TITLE	SD	☐ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	WILLIAMS, DANA M.		4.2 NAME	WILLIAMS, DANA M.	
STREET ADDRESS	1545 RAYMOND DIEHL RD 250		4.3 STREET ADDRESS	1425 E. Piedmont Dr. #301	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	VD	☐ DELETE	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	TATE, DALTON A		5.2 NAME	TATE, DALTON A.	
STREET ADDRESS	1545 RAYMOND DIEHL RD 250		5.3 STREET ADDRESS	1425 E. Piedmont Dr #301	
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	FRANKLIN, WILLIAM J.		6.2 NAME	TATE, DONNA	
STREET ADDRESS	825 THOMASVILLE ROAD		6.3 STREET ADDRESS	1425 E. Piedmont Dr. #301	
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP	TALLAHASSEE FL 32312	

CR2E034 (12/95)

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)(k), 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: David M. Moore Sr. 2-28-96 386-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

☒ Addition

D
LAUER, BARBARA
1425 E. PIEDMONT DR. # 301
TALLAHASSEE, FL 32312