

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 08:00 A
Secretary of State

DOCUMENT # 619194

1. Entity Name
REDMOND-ADAMS UNDERWRITERS, INC.



Principal Place of Business
400 COMMERCE COURT
GOLDSBORO, NC 27533

Mailing Address
PO BOX 8010
GOLDSBORO, NC 27533-8010 US



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1928640

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CRUIKSHANK, DAVID C
4730 SR 64 EAST
BRADENTON, FL 34208

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

000000785133

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

01/16/08-80034-005 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
STRICKLAND, ROBERT W
PO BOX 8010
GOLDSBORO, NC 275338010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
STRICKLAND, ROBERT C
PO BOX 8010
GOLDSBORO, NC 275338010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
TILLMAN, MARIANNA S
PO BOX 8010
GOLDSBORO, NC 275338010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
YARBROUGH, RICHARD
P.O. BOX 8010
GOLDSBORO, NC 27533

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
LOCKARD, THOMAS B
P.O. BOX 8010
GOLDSBORO, NC 275338010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas B. Lockard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/08
Date

919-759-3270
Daytime Phone #