

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 # 803467 (0)

1. Corporation Name

ATLANTA INTERNATIONAL INSURANCE COMPANY



Principal Place of Business

3715 NORTHSIDE PKWY. NW #750 (30327)
P.O. BOX 19796
ATLANTA GA 30325

Mailing Address

3715 NORTHSIDE PKWY. NW #750 (30327)
P.O. BOX 19796
ATLANTA GA 30325

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/04/1929

3a. Date of Last Report

04/27/1995

4. FEI Number

13-2668999

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32303

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

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

(NOTE: Registered Agent signature required when not stated)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME VALENTINE, THOMAS, A
STREET ADDRESS 485 RAMSDALE DR
CITY-ST-ZIP ROSWELL GA

TITLE PDC ☐ DELETE
NAME GOUGH, MICHAEL J.
STREET ADDRESS 3573 KNOLLWOOD DR., NW
CITY-ST-ZIP ATLANTA GA

TITLE VD ☐ DELETE
NAME JACOBUS, PETER J.
STREET ADDRESS 3672 STONELAKE CT
CITY-ST-ZIP LILBURN GA

TITLE VTSD ☐ DELETE
NAME MURPHY, MICHAEL J.
STREET ADDRESS 835 MARBROOK DR.
CITY-ST-ZIP LAWRENCEVILLE GA

TITLE D ☒ DELETE
NAME RAGSDALE, MICHAEL K
STREET ADDRESS 2269 DEFOORS FERRY ROAD
CITY-ST-ZIP ATLANTA GA

TITLE DAS ☒ DELETE
NAME MASSENGALE, ROBIN G
STREET ADDRESS 7390 HUNTERS RIDGE DR
CITY-ST-ZIP DOUGLASVILLE GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☐ Change ☒ Addition
1.2 NAME Tucker, C. Stacey
1.3 STREET ADDRESS 4800 Overland Dr.
1.4 CITY-ST-ZIP Powder Springs, GA

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Buttram, John
2.3 STREET ADDRESS 4257 Hidden Meadow
2.4 CITY-ST-ZIP Sugar Hill, GA

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Ferrari, James
3.3 STREET ADDRESS 1125 Worthington Dr.
3.4 CITY-ST-ZIP Roswell, GA

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Gough

4/5/96

404/240-5350

CR2E034 (12/95)