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FILED

Feb 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 809705

(7)

1. Corporation Name

GEORGIA CASUALTY & SURETY COMPANY

Principal Place of Business

4370 PEACHTREE RD., N.E.  
ATLANTA GA 30319

Mailing Address

PO BOX 180720  
ATLANTA GA 31119-0720  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

03/03/1954

3a. Date of Last Report

05/01/1996

4. FEI Number

58-0537066

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

STOUTAMIRE, JEFFREY R  
721 S. JEFFERSON ST.  
PERRY FL 32347

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

Signature of person or persons of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	ROBINSON, JESSE MACK	
STREET ADDRESS	4370 PEACHTREE RD., N.E.	
CITY - ST - ZIP	ATLANTA GA 30319	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOWELL, HILTON H JR	
STREET ADDRESS	4370 PEACHTREE RD., N.E.	
CITY - ST - ZIP	ATLANTA GA 30319	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CLEMENTS, GEORGE GERALD	
STREET ADDRESS	4370 PEACHTREE RD., N.E.	
CITY - ST - ZIP	ATLANTA GA 30319	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DOAR, SANDRA WEEKS	
STREET ADDRESS	4370 PEACHTREE RD., N.E.	
CITY - ST - ZIP	ATLANTA GA 30319	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	COOK, LINDA S	
STREET ADDRESS	4370 PEACHTREE RD., N.E.	
CITY - ST - ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHOATE, EUGENE	
STREET ADDRESS	4370 PEACHTREE RD., N.E.	
CITY - ST - ZIP	ATLANTA GA 30319	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-97

Date

704-266-5540

Daytime Phone #

CR2E034 (9/96)