

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 06, 1999 8:00 am  
Secretary of State

03-06-1999 90053 015 \*\*\*150.00

DOCUMENT # 809705

1. Corporation Name

GEORGIA CASUALTY & SURETY COMPANY

Principal Place of Business

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

Mailing Address

PO BOX 190720  
ATLANTA GA 31119-0720  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1954

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD ☐ DELETE

NAME ROBINSON, JESSE MACK  
STREET ADDRESS 4370 PEACHTREE RD., N.E.  
CITY-ST-ZIP ATLANTA GA 30319

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME HOWELL, HILTON H JR  
STREET ADDRESS 4370 PEACHTREE RD., N.E.  
CITY-ST-ZIP ATLANTA GA 30319

1.2 NAME ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME CLEMENTS, GEORGE GERALD  
STREET ADDRESS 4370 PEACHTREE RD., N.E.  
CITY-ST-ZIP ATLANTA GA 30319

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME DOAR, SANDRA WEEKS  
STREET ADDRESS 4370 PEACHTREE RD., N.E.  
CITY-ST-ZIP ATLANTA GA 30319

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST ☐ DELETE

NAME COOK, LINDA S  
STREET ADDRESS 4370 PEACHTREE RD., N.E.  
CITY-ST-ZIP ATLANTA GA

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME CHOATE, EUGENE  
STREET ADDRESS 4370 PEACHTREE RD., N.E.  
CITY-ST-ZIP ATLANTA GA 30319

2.2 NAME ☐ Change ☐ Addition

14. I 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)