

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90390 008 ***150.00

DOCUMENT # 809705

1. Entity Name
GEORGIA CASUALTY & SURETY COMPANY



Principal Place of Business
**4370 PEACHTREE RD., N.E.
ATLANTA, GA 30319**

Mailing Address
**PO BOX 105480
ATLANTA, GA 30348 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

58-0537066

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURKEY, GARY
1661 SANDSPUR RD
MAITLAND, FL 32751-6134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D/C** ☐ Delete
NAME **ROBINSON, JESSE MACK**
STREET ADDRESS **4370 PEACHTREE RD., N.E.**
CITY-ST-ZIP **ATLANTA, GA 30319**

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

TITLE **DP** ☐ Delete
NAME **KITCHEN, ROBERT J**
STREET ADDRESS **4370 PEACHTREE RD., N.E.**
CITY-ST-ZIP **ATLANTA, GA 30319**

TITLE **D** ☐ Delete
NAME **CHOATE, EUGENE**
STREET ADDRESS **4370 PEACHTREE RD., N.E.**
CITY-ST-ZIP **ATLANTA, GA 30319**

TITLE **V** ☐ Delete
NAME **DUGGINS, JANICE C**
STREET ADDRESS **4370 PEACHTREE RD NE**
CITY-ST-ZIP **ATLANTA, GA 30319**

TITLE **V** ☒ Delete
NAME **SMITH, PHILIP N**
STREET ADDRESS **4370 PEACHTREE RD NE**
CITY-ST-ZIP **ATLANTA, GA 30319**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Treasurer and Secretary** ☐ Change ☒ Addition
NAME **Evelyn Reagard Hickey**
STREET ADDRESS **4370 Peachtree Rd., NE**
CITY-ST-ZIP **Atlanta, GA. 30319**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Steve Molina**
STREET ADDRESS **4370 Peachtree Rd., NE**
CITY-ST-ZIP **Atlanta, GA. 30319**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Craig Joseph Stuffle**
STREET ADDRESS **4370 Peachtree Rd., NE**
CITY-ST-ZIP **Atlanta, GA. 30319**

TITLE **Director** ☐ Change ☒ Addition
NAME **John Godfrey Sample Jr.**
STREET ADDRESS **4370 Peachtree Rd., NE**
CITY-ST-ZIP **Atlanta, GA. 30319**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Patricia Jeanne Marshburn**
STREET ADDRESS **4370 Peachtree Rd NE**
CITY-ST-ZIP **Atlanta, GA. 30319**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04

Date

404-266-5540

Daytime Phone #