Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90119 008 \*\*\*150.00

## 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

## **DOCUMENT # 810585**

1. Corporation Name

CONSOLIDATED AMERICAN INSURANCE COMPANY

	IDATED AMENIOAN INCO				
Principal Place	e of Business	Mailing Address			III #1841 BIB'I BIBIC BIBC BIBIC IBBI
P O BOX 1		P O BOX 1			
1501 LADY ST		1501 LADY ST			
COLUMBIA SOUTH CAROLINA 29202 COL		COLUMBIA SOUTH CAROLIN	NA 29202	DO NOT WRITE IN THE	HIS SPACE
		•		3. Date Incorporated or Qualifed	•
				10/17/1955	<del></del>
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		57-6009146	Not Applicable.
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			
City & State		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25		30	Personal Property Tax.	Yes No
<u> </u>	9, Name and Address of Curre		30	10. Name and Address of New Registers	ed Agent
	<u> </u>		81 Name		
INSU	JRANCE COMMISSIONER		20 00 11	(D.O. Davidson in Med Appendable)	· · · · · · · · · · · · · · · · · · ·
THE	CAPITAL		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
TALL	AHASSEE FL 32399		83	<u> </u>	
	A Thirthead by things				
	The section of the		84 City	` <i>•</i> F	85 Zip Code
11. Pursuant	to the previous of Continue 607 OF	02 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose	of changing its registered
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.					
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Fior	ida Statutes.		
agent. I ar SIGNATURE	m familiar with, and accept the oblig		Registered Agent signature require	od when reinstating) DATE	
agent. I ar SIGNATURE	Signature, typed or printed name of registered ag-			od when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	
agent. I a	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE:	Registered Agent signature required  13.	ADDITIONS/CHANGES TO OFFICERS	□Lefange □ Addition
agent. I al	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: ND DIRECTORS	Registered Agent signature required  13.	ADDITIONS/CHANGES TO OFFICERS	□Lefange □ Addition
agent. I all SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A P WEITZEL, JOHN A 128 MALLET HILL RD	ent and title if applicable. (NOTE: ND DIRECTORS	Registered Agent signature required  13.	ADDITIONS/CHANGES TO OFFICERS	Defiange □ Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

803-748-2992