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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 31 1997 8:00am

Secretary of State

10/97 334-613-4609

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 817087

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ALFA INSURANCE CORPORATION

Principal Place of Business 2108 EAST SOUTH BOULEVARD P.O. BOX 11000 MONTGOMERY AL 36116-2410 22. Principal Place of Business 23. Mailing Address 24. Mailing Address 25. Principal Place of Business 26. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 27. City & State 28. Country 29. Country 20. Country 21. Suite, Apt. #, etc. 21. Suite, Apt. #, etc. 22. Country 23. Country 24. Fill Number Applied For							
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INSURANCE COMMISSIONER THE CAPTIOL BUILDING TALLAHASSEE FL 32304 82 Sireet Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes the over-named corporation submits this statement for the purpose of changing list registered agent. I am familiar with, and accept the objections of Sections 607 0505. Florida Statutes the over-named corporation submits this statement for the purpose of changing list registered agent. I am familiar with, and accept the objections of Section 607 0505. Florida Statutes. SIGNATURE Special Register (Post Statutes) SIGNATURE Special	24			30			Florida Statutes Yes No
INSURANCE COMMISSIONER THE CAPTROL BUILDING TALLAHASSEE FL 32304 82 Sireet Address (P.O. Box Number is Not Acceptable) 83 Sireet Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Codo 85 Zip Codo 86 City FL 85 Zip Codo 87 City FL 85 Zip Codo 88 Zip Codo 89 City FL 85 Zip Codo 89 Zip Codo 89 City FL 85 Zip Codo 89 Zip Codo 89 City FL 85 Zip Codo 89 Zip Codo 80 Zip Co			t Registered Agent		04		10. Name and Address of New Registered Agent
TALLAHASSEE FL 32304					81	Name	
B3 B4 City FL B5 Zip Code					82	Street Addre	ress (P.O. Box Number is Not Acceptable)
THE 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 and accept the obligations of, Section 607 0505. Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TILE NEW NEWBY, JERRY NEWBY, JERRY NEWBY, JERRY TILE NEWE 12 2 MME 12 2 MME NEWBY, JERRY TILE DELETE 13 TILE DI PD Change Addition WYRICK, GOODWIN L 22 MME SIREL ADDRESS OITY 517-2P MONTGOMERY, AL 00000 24 CITY 517-2P MONTGOMERY, AL 00000 24 CITY 517-2P DELETE 33 SIREL ADDRESS OITY 517-2P DO GREETE D GREETE D Change Addition Addition WARLE ADDRESS OITY 517-2P TILE D Change Addition Addition Addition Addition Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TILE D Change Addition Addition Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TILE D Change Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TILE D Change Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TILE Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TILE Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TILE Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TILE Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TILE Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TILE Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TILE Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TILE Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TILE Change	IALI	LANASSEE FL SZSU4			83		
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Signature Special process const. 20 registered agent and title of agent ability RIOTE Registered Agent algorithm remortating) DATE	office or registered agent, or both, in the State of Florida. Such change was authorized by the					the corporati	oration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
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TITLE		Slighature, typed or prior dinamic of registered age	ent and title it applicable (NO	TE: Registere	d Age	nt signature require	red when reinstating) DATE
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TITLE	STREET ADDRESS	RT 1		3.3 S	TREET	ADDRESS	
NAME MORRIS, JOHN 2116 BONE DRY RD 4.3 STREET ADDRESS	CITY-ST-ZIP	SHORTERVILLE, AL 0	· · · · · · · · · · · · · · · · · · ·	3.4. (ITY-S	ST-21P	
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MONTGOMERY AL 54 CITY-ST-ZIP	i					1000000	
TILE D DELETE 6.1 TITLE Change Addition NAME TOLAR, JAMES A, JR STREET ADDRESS RT 2, BOX 220-D 6.3 STREET ADDRESS							
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STREET ADDRESS RT 2, BOX 220-D 6.3 STREET ADDRESS		-	Last Dittell				C overlie Notificial
						ADDRESS	

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 an address.