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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90199 028 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 841583

1. Corporation Name
ALEXANDER UNDERWRITERS, INC.

Principal Place of Business
**2910 MILLER ROAD
P.O. BOX 105051 (ATLANTA, GA.)
DECATUR GA 30035**

Mailing Address
**2910 MILLER ROAD
P.O. BOX 105051 (ATLANTA, GA.)
DECATUR GA 30035**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1978

4. FEI Number

58-1491855

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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
21 2910 Miller Road

2a. Mailing Address
26 P O Box 105051

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Decatur, GA

City & State

28 Atlanta, GA

Zip

Country

24 30035

25 USA

Zip

29 30348-5051

Country

30 USA

9. Name and Address of Current Registered Agent

**HOTALING, BETTY JAYNE
27 EAST ROBINSON STREET
ORLANDO FL 32801**

81 Name

Davis, Jr., John P.

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

851 North Donnelly Street

83

84 City
Mount Dora

FL

85 Zip Code

32757-0000

11. Pursuant to the provisions of Sections 607.0501 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

John P. Davis, Jr.

4/20/99

Signature, type or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **ALEXANDER, JAMES A**

STREET ADDRESS **3240 GLENCREE NW**

CITY-STATE-ZIP **LITHONIA GA**

TITLE ☐ DELETE

NAME **PD TUFTS, STEVEN D**

STREET ADDRESS **2440 SUGARLOAF CLUB DRIVE**

CITY-STATE-ZIP **DULUTH GA 30037**

TITLE ☒ DELETE

NAME **SVPT STONER, DONALD J**

STREET ADDRESS **324 HAMBLEDON WALK**

CITY-STATE-ZIP **ALPHARETTA GA 30022**

TITLE ☐ DELETE

NAME **S HILLIS, JUANITA S**

STREET ADDRESS **3219 U S HWY 78 S W**

CITY-STATE-ZIP **LOGANVILLE GA 30052**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

**VP & Treasurer
Deter, Paul L.
220 Leigh Kay Drive
Lawrenceville, GA 30045**

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:

Paul L. Deter

4/20/99

(770) 981-7100 X 190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)