

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 846177 (4)**

1. Corporation Name

**COLONIAL INSURANCE AGENCY, INC.**



Principal Place of Business

Mailing Address

**2000 INTERSTATE PARK STE 300  
P. O. BOX 5675  
MONTGOMERY AL 36103**

**2000 INTERSTATE PARK STE 300  
P. O. BOX 5675  
MONTGOMERY AL 36103**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

3. Date Incorporated or Qualified  
**06/09/1980**

3a. Date of Last Report  
**08/23/1995**

4. FET Number

**63-0788636**

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 has the following effect:

(IN THE Registered Agent Signature required when not changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **C LOWDER, JAMES K**  
STREET ADDRESS **2000 INTERSTATE PK.**  
CITY-STATE-ZIP **MONTGOMERY AL 36109**

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME **P MILES, PAUL W**  
STREET ADDRESS **2000 INTERSTATE PK. #300**  
CITY-STATE-ZIP **MONTGOMERY AL 36109**

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME **V LOWDER, THOMAS H**  
STREET ADDRESS **2101 6TH AVE. N., #750**  
CITY-STATE-ZIP **BIRMINGHAM AL 35203**

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

TITLE ☒ DELETE  
NAME **VP LOWDER, ROBERT E**  
STREET ADDRESS **2000 INTERSTATE PARK DRIVE**  
CITY-STATE-ZIP **MONTGOMERY AL 36109**

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME **VP WILSON, JIM**  
STREET ADDRESS **2000 INTERSTATE PARK DRIVE**  
CITY-STATE-ZIP **MONTGOMERY AL 36109**

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME **AS PITTS, JOHN L**  
STREET ADDRESS **2000 INTERSTATE PARK DRIVE**  
CITY-STATE-ZIP **MONTGOMERY AL 36109**

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 named, or on an attachment with an address.

SIGNATURE:

*[Signature]* CFO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

334-270-6625

Date

Daytime Phone #

CR2E034 (12/95)