

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

3. Date Incorporated or Qualified: **06/09/1980** 3a. Date of Last Report: **08/23/1995**  
4. FEI 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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 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 for this corporation. (NAME of Registered Agent Signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOWDER, JAMES K</b>	1.2 NAME	
STREET ADDRESS	<b>2000 INTERSTATE PK.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MONTGOMERY AL 36109</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILES, PAUL W</b>	2.2 NAME	
STREET ADDRESS	<b>2000 INTERSTATE PK. #300</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MONTGOMERY AL 36109</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOWDER, THOMAS H</b>	3.2 NAME	
STREET ADDRESS	<b>2101 6TH AVE. N., #750</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BIRMINGHAM AL 35203</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOWDER, ROBERT E</b>	4.2 NAME	
STREET ADDRESS	<b>2000 INTERSTATE PARK DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MONTGOMERY AL 36109</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, JIM</b>	5.2 NAME	
STREET ADDRESS	<b>2000 INTERSTATE PARK DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MONTGOMERY AL 36109</b>	5.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PITTS, JOHN L</b>	6.2 NAME	
STREET ADDRESS	<b>2000 INTERSTATE PARK DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MONTGOMERY AL 36109</b>	6.4 CITY-ST-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:

*John L. Pitts* CFO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96 334-270-6625  
DATE DAY AND PHONE #

CR2E034 (12/95)