

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/09/1980

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

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

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.01-02 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 and fee, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C LOWDER, JAMES K  
2000 INTERSTATE PK.  
MONTGOMERY AL 36109

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V LOWDER, THOMAS H  
2101 8TH AVE. N., #750  
BIRMINGHAM AL 35203

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP WILSON, JIM  
2000 INTERSTATE PARK DRIVE  
MONTGOMERY AL 36109

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS PITTS, JOHN L  
2000 INTERSTATE PARK DRIVE  
MONTGOMERY AL 36109

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
Director + Treasurer ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
Director + Chairman ☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
Director, Vice President, + Secretary ☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
President  
James H. Forrior  
2000 Interstate Park Dr.  
Montgomery, AL 36109 ☐ Change ☒ Addition

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 in an attachment with an address.

SIGNATURE

*John L. Pitts*

4/14/98

334-270-6625

CR2E034 (10/97)