FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

1995 MAR 17 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 846952 (0)

1. Corporation Name
ATLANTA INSURANCE BROKERS, INC.

Principal Place of Business	Mailing Address
3169 HOLCOMB BRIDGE RD. NORCROSS GA 30071	3169 HOLCOMB BRIDGE RD. NORCROSS GA 30071

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/15/1980
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 58-1093701 ☐ 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

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVS	1.1 TITLE	☐ Change ☐ Addition
NAME	KIMSEY, JOHN P.	1.2 NAME	
STREET ADDRESS	3169 HOLBOMB BRIDGE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS, GA 00000	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☒ Change ☐ Addition
NAME	SULLIVAN, ROGER C., JR.	2.2 NAME	Delete From Record
STREET ADDRESS	3169 HOLCOMB BRIDGE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS, GA 00000	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	LOWE, ROBERT L	3.2 NAME	
STREET ADDRESS	3169 HOLCOMB BRIDGE RD	3.3 STREET ADDRESS	100001434014
CITY-ST-ZIP	NORCROSS, GA 00000	3.4 CITY-ST-ZIP	-03/20/95--01059--012
TITLE	VPT	4.1 TITLE	****200.00 ☒ Change ☐ Addition
NAME	SCHAFFER, DAVID MARK	4.2 NAME	
STREET ADDRESS	3169 HOCOMB BRIDGE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA	4.4 CITY-ST-ZIP	
TITLE	AVP	5.1 TITLE	☐ Change ☐ Addition
NAME	GLOVER, LARRY MICHAEL	5.2 NAME	
STREET ADDRESS	3169 HOCOMB BRIDGE RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	Thru 3/17/95
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: [signature] February 2, 1995 (404) 447-8930
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Telephone Number

0300410 FP