

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 846952 (0)

1. Corporation Name

ATLANTA INSURANCE BROKERS, INC.



Principal Place of Business

3169 HOLCOMB BRIDGE RD.  
NORCROSS GA 30071

Mailing Address

3169 HOLCOMB BRIDGE RD.  
NORCROSS GA 30071

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

Country

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

09/15/1980

3a. Date of Last Report

03/17/1995

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

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

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

(NOTE: Registered Agent signature required when not filing.)

DATE

12. OFFICERS AND DIRECTORS

TITLE

SVS

☐ DELETE

NAME

KIMSEY, JOHN P.

STREET ADDRESS

3169 HOLBOMB BRIDGE RD  
NORCROSS, GA 00000

CITY- ST- ZIP

TITLE

PD

☐ DELETE

NAME

LOWE, ROBERT L

STREET ADDRESS

3169 HOLCOMB BRIDGE RD  
NORCROSS, GA 00000

CITY- ST- ZIP

TITLE

VPT

☐ DELETE

NAME

SCHAFER, DAVID MARK

STREET ADDRESS

3169 HOCOMB BRIDGE RD.  
NORCROSS GA

CITY- ST- ZIP

TITLE

AVP

☐ DELETE

NAME

GLOVER, LARRY MICHAEL

STREET ADDRESS

3169 HOCOMB BRIDGE RD.  
NORCROSS GA

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

000001736540  
-03/08/96--01010--002

\*\*\*200.00

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

VICE PRESIDENT

☒ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

GLOVER, LARRY MICHAEL  
3169 Holcomb Bridge Road  
Norcross, Georgia 30071

☐ 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

☐ Change

☐ Addition

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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David M. Schaffer. February 22, 1996. (770) 447-8930

Date

Daytime Phone #

CR2E034 (12/95)