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 # **F39584** **(0)**

1. Corporation Name

CAPITAL CASUALTY INSURANCE AGENCY, INC.

Principal Place of Business
1425 PIEDMONT DR. E.
101
TALLAHASSEE FL 32308
US

Mailing Address
P.O. BOX 13058
P.O. BOX 3145
TALLAHASSEE FL 32317
US

3. Date Incorporated or Qualified: 06/04/1981
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21)
2a. Mailing Address (26): PO BOX 13058
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc (27): NONE
City & State (23)
City & State (28): TALLAHASSEE FL
Zip (24) Country (25)
Zip (29): 32317 Country (30)

4. FEI Number: 59-2113388 — 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

DAVID M. MOORE SR
1425 PIEDMONT DR. E.
#301
TALLAHASSEE FL 32308

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 the date adopted) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	COLLINS, LINDA M.		1.2 NAME	JOHN T. COLLINS	
STREET ADDRESS	1425 PIEDMONT DR E. #101		1.3 STREET ADDRESS	1425 PIEDMONT DR #101	
CITY-ST-ZIP	TALLAHASSEE, FL 0		1.4 CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	DP	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FRANKLIN, WILLIAM J		2.2 NAME		
STREET ADDRESS	768 RHODEN COVE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 0		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	LAUDER, DALE		3.2 NAME	LAUER, DALE	
STREET ADDRESS	1425 PIEDMONT DR E #301		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 0		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TATE, DALTON A, JR		4.2 NAME		
STREET ADDRESS	1425 PIEDMONT DR E. #301		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 0		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, DANA M.		5.2 NAME		
STREET ADDRESS	6672 CROOKED CREEK RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 0		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE	PRESIDENT, DIRECTOR	☒ Change ☐ Addition
NAME	MOORE, DAVID M, SR		6.2 NAME		
STREET ADDRESS	1425 PIEDMONT DR E. #301		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 0		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 changed, or on an attachment with an address.

SIGNATURE: David M. Moore Sr. 4-25-96 386-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)