02171999-90104-040-$150.00-$150.00

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Feb 17, 1999 8:00 am
Secretary of State

02-17-1999 90104 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F39584

1. Corporation Name
CAPITAL CASUALTY INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
1425 PIEDMONT DR. E. 101 TALLAHASSEE FL 32308 US	P.O. BOX 13058 TALLAHASSEE FL 32317 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1981

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 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 owes the current year Intangible Personal Property Tax. ☐ 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 _____ 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	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COLLINS, LINDA M.		1.2 NAME		
STREET ADDRESS	1425 PIEDMONT DR E. #101		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 0		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COLLINS, JOHN T		2.2 NAME		
STREET ADDRESS	1425 PIEDMONT DR STE 101		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		
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	PD	☐ DELETE	6.1 TITLE		☐ 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		

CR2E034 (11/98)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Dana M Williams