02171999-90104-040-$150.00-$150.00

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

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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
1425 PIEDMONT DR. E.
101
TALLAHASSEE FL 32308
US

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/04/1981

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

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

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

TITLE	VD	☐ DELETE
NAME	COLLINS, LINDA M.	
STREET ADDRESS	1425 PIEDMONT DR E. #101	
CITY-ST-ZIP	TALLAHASSEE, FL 0	
TITLE	D	☐ DELETE
NAME	COLLINS, JOHN T	
STREET ADDRESS	1425 PIEDMONT DR STE 101	
CITY-ST-ZIP	TALLAHASSEE, FL 0	
TITLE	VD	☐ DELETE
NAME	LAUDER, DALE	
STREET ADDRESS	1425 PIEDMONT DR E #301	
CITY-ST-ZIP	TALLAHASSEE, FL 0	
TITLE	TD	☐ DELETE
NAME	TATE, DALTON A, JR	
STREET ADDRESS	1425 PIEDMONT DR E. #301	
CITY-ST-ZIP	TALLAHASSEE, FL 0	
TITLE	S	☐ DELETE
NAME	WILLIAMS, DANA M.	
STREET ADDRESS	6672 CROOKED CREEK RD.	
CITY-ST-ZIP	TALLAHASSEE, FL 0	
TITLE	PD	☐ DELETE
NAME	MOORE, DAVID M, SR	
STREET ADDRESS	1425 PIEDMONT DR E. #301	
CITY-ST-ZIP	TALLAHASSEE, FL 0	

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		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

CR2E034 (11/98)