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

95 APR 28 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000001020 (8)

1. Corporation Name

AMERICAN TRANSPORTATION UNDERWRITERS, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 2368~~	P.O. BOX 2368
~~LAKE WALES FL 33859-2368~~	LAKE WALES FL 33859-2368

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/23/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 244 East Park Avenue
22: Suite, Apt. #, etc.
23: City & State: Lake Wales, Florida
24: Zip: 33853
25: County: Polk

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: County

4. FEI Number: 62-1512095 ☐ 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

BUTLER, MICHAEL R
244 E PARK AVE
LAKE WALES FL 33853

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 the date of signature (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~P~~	11 TITLE	P	XX Change ☐ Addition
NAME	~~HALSCH, JAMES~~	12 NAME	Thomas B. Rumfelt	
STREET ADDRESS	~~6700 WEST MARKET STREET / STE D~~	13 STREET ADDRESS	244 E. Park Avenue	
CITY ST ZIP	~~GREENSBORO NC~~	14 CITY ST ZIP	Lake Wales, FL 33853	
TITLE	~~VP~~	21 TITLE	VP	XX Change ☐ Addition
NAME	~~LEATHERMAN, J SCOTT~~	22 NAME	Ned C. Thigpen	
STREET ADDRESS	~~485 14TH AVE NE~~	23 STREET ADDRESS	6736 Falls of Neuse Road, Suite 202	
CITY ST ZIP	~~HICKORY NC~~	24 CITY ST ZIP	Raleigh, NC 27615	
TITLE	~~S~~	31 TITLE	VP	☐ Change XX Addition
NAME	~~BUTLER, MICHAEL R~~	32 NAME	Kevin R. Grimes	
STREET ADDRESS	~~600 SWEET BAY CIR~~	33 STREET ADDRESS	244 E. Park Avenue	
CITY ST ZIP	~~WINTER HAVEN FL~~	34 CITY ST ZIP	Lake Wales, FL 33853	
TITLE	~~T~~	41 TITLE	VP	☐ Change X Addition
NAME	~~SUTTON, C DOUGLAS~~	42 NAME	James Halsch	
STREET ADDRESS	~~6736 FALLS OF NEUSE RD / STE 202~~	43 STREET ADDRESS	6736 Falls of Neuse Road, Suite 202	
CITY ST ZIP	~~RALEIGH NC~~	44 CITY ST ZIP	Raleigh, NC 27615	
TITLE		51 TITLE	S/T	X Change ☐ Addition
NAME		52 NAME	Michael R. Butler	
STREET ADDRESS		53 STREET ADDRESS	244 E. Park Avenue	
CITY ST ZIP		54 CITY ST ZIP	Lake Wales, FL 33853	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 with an address.

SIGNATURE: Michael R. Butler, Sec./Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.24.95
Date

(800) 989-7515
Daytime Phone #

0317480 CP