

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90307 033 ***150.00

DOCUMENT # F93000005007

1. Corporation Name

GNA INSURANCE SERVICES OF GEORGIA, INC.

Principal Place of Business

6604 W. BROAD STREET
RICHMOND VA 23230
US

Mailing Address

6604 WEST BROAD STREET
RICHMOND VA 23230
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1993

4. FEI Number

58-2064599

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

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	HUGUNIN, JEFFREY I.	
STREET ADDRESS	6604 WEST BROAD STREET	
CITY-ST-ZIP	RICHMOND VA 23230	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	ATTEY, JOHN W	
STREET ADDRESS	7125 W. JEFFERSON AVENUE	
CITY-ST-ZIP	LAKEWOOD CO 80235	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	STIFF, GEOFFREY S	
STREET ADDRESS	700 MAIN STREET	
CITY-ST-ZIP	LYNCHBURG VA 24504	
TITLE	VPCF	<input type="checkbox"/> DELETE
NAME	CASEY, THOMAS W.	
STREET ADDRESS	6604 WEST BROAD STREET	
CITY-ST-ZIP	RICHMOND VA 23230	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MOSES, VICTOR C	
STREET ADDRESS	601 UNION ST, STE 5600	
CITY-ST-ZIP	SEATTLE WA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SULLIVAN, SHELLEY M.	
STREET ADDRESS	6604 WEST BROAD STREET	
CITY-ST-ZIP	RICHMOND VA 23230	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	6610 W. Broad St.
3.4 CITY-ST-ZIP	Richmond, VA 23230
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shelley M. Sullivan, Assistant Secretary

4/8/99

Date

804-662-2562

Daytime Phone #

CR2E034 (11/98)