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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000003259 (8)**

1. Corporation Name

CRUMP INSURANCE SERVICES OF ATLANTA, INC.



Principal Place of Business

Mailing Address

200 ASHFORD CENTRE N.
SUITE 350
ATLANTA GA 30358

200 ASHFORD CENTRE N.
SUITE 350
ATLANTA GA 30358

2. Principal Place of Business

2a. Mailing Address

21 7557 Rambler Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 350

City & State

City & State

23 Dallas, Texas

Zip

Country

Zip

Country

24 75231 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
SUITE 105
TALLAHASSEE FL 32301

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 C ☐ DELETE

NAME JONES, ORVILLE D
STREET ADDRESS 7557 RAMBLER RD
CITY-ST-ZIP DALLAS TX 75231

TITLE VD ☐ DELETE

NAME PAYNE, MARCUS
STREET ADDRESS 7557 RAMBLER RD
CITY-ST-ZIP DALLAS TX 75231

TITLE TD ☐ DELETE

NAME O'BRIEN, PATRICK R
STREET ADDRESS 7557 RAMBLER RD
CITY-ST-ZIP DALLAS TX 75231

TITLE VCP ☐ DELETE

NAME JOHNSTON, MICHAEL R
STREET ADDRESS 200 ASHFORD CENTRE N., SUITE 350
CITY-ST-ZIP ATLANTA GA 30358

TITLE S ☐ DELETE

NAME MANNING, KAY
STREET ADDRESS 7557 RAMBLER RD
CITY-ST-ZIP DALLAS TX 75231

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Kay Manning
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kay Manning, Secretary

02/23/96

214-265-2660

Date

Daytime Phone #

CR2E034 (12/95)