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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90043 006 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F94000003259

1. Corporation Name

CRUMP INSURANCE SERVICES OF ATLANTA, INC.

Principal Place of Business

Mailing Address

9040 ROSWELL RD
STE 350
ATLANTA GA 30350
US

7557 RAMBLER ROAD
STE 350
DALLAS TX 75231
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1994

4. FEI Number

58-1158158

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VCP ☐ DELETE
NAME JOHNSTON, MICHAEL R
STREET ADDRESS 9040 ROSWELL RD, STE. 350
CITY-ST-ZIP ATLANTA GA 30350

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kay Manning

03/11/99

Date

214-265-2660

Daytime Phone #

CR2E034 (11/98)