

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

FILED  
Jan 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F95000003179 (7)

1. Corporation Name

AMERICAN INSURANCE MANAGERS, INC.



Principal Place of Business

3101 TOWERCREEK PKWY., STE 600  
ATLANTA GA 30339-3256

Mailing Address

3101 TOWERCREEK PKWY., STE 600  
ATLANTA GA 30339-3256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1995

4. FEI Number

58-1526098

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 DC  
NAME DENNETT-SMITH, DAVID A  
STREET ADDRESS 3134 ARDEN RD  
CITY-ST-ZIP ATLANTA GA 30305 ☐ DELETE

TITLE D  
NAME HART, ADRIAN C  
STREET ADDRESS 34 PIERCING HILL, THEYDON BOIS  
CITY-ST-ZIP ESSEX CM187JW, U.K. ☐ DELETE

TITLE DS  
NAME HOLLAND, DONALD V  
STREET ADDRESS 621 GREENVIEW AVE  
CITY-ST-ZIP CONYERS GA 30208 ☐ DELETE

TITLE T  
NAME NEIMAS, L. D.  
STREET ADDRESS 865 DEVENISH LN  
CITY-ST-ZIP ROSWELL GA 30075 ☒ DELETE

TITLE V  
NAME SELLMAN, ANTHONY F  
STREET ADDRESS 2437 CEDARWOOD CT  
CITY-ST-ZIP MARIETTA GA 30068 ☒ DELETE

TITLE VP  
NAME COTTER, JOAN E  
STREET ADDRESS 1070 WOODRUFF PLANTATION CT.  
CITY-ST-ZIP MARIETTA GA ☒ DELETE

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.

SIGNATURE:

Donald V. Holland

1/19

770 980-0591

CR2E034 (10/97)