

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000004973 (2)

1. Corporation Name

CAROLINA COMMERCIAL INSURANCE AGENCY, INC.



Principal Place of Business

P.O. BOX 2368  
LAKE WALES FL 33859-2368

Mailing Address

P.O. BOX 2368  
LAKE WALES FL 33859-2368

3. Date Incorporated or Qualified  
10/12/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 9 Thomas Street

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Thomasville, NC

28

Zip

Country

Zip

Country

24 27360

25

29

30

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

10. Name and Address of New Registered Agent

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

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 a fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input checked="" type="checkbox"/> DELETE
	RUMFELT, THOMAS B	244 E PARK AVE.	LAKE WALES FL	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
	GRIMES, KEVIN R	244 E PARK AVE.	LAKE WALES FL	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
	ST	BUTLER, MICHAEL R	244 E PARK AVE.	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	Sr. Vice Pres/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Nesbitt, Rowena J.
3.3 STREET ADDRESS	244 E. Park Avenue
3.4 CITY-STATE-ZIP	Lake Wales, FL 33853
4.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Thigpen, Ned
4.3 STREET ADDRESS	9 Thomas St.
4.4 CITY-STATE-ZIP	Thomasville, NC 27360
5.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Halsch, James
5.3 STREET ADDRESS	9 Thomas Street
5.4 CITY-STATE-ZIP	Thomasville, NC 27360
6.1 TITLE	Sr. Executive Vice President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Brown, Phillip
6.3 STREET ADDRESS	9 Thomas St.
6.4 CITY-STATE-ZIP	Thomasville, NC 27360

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:

*Kevin R. Grimes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin R. Grimes

Thomas B. Rumfelt, President

02/01/96 (941) 676-

Date

Daytime Phone #

2852

CR2E034 (12/95)