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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000004973 (2)

1. Corporation Name

CAROLINA COMMERCIAL INSURANCE AGENCY, INC.

Principal Place of Business

9 THOMAS STREET
THOMASVILLE NC 27360
US

Mailing Address

P.O. BOX 2368
LAKE WALES FL 33858-2368



3. Date Incorporated or Qualified
10/12/1995

3a. Date of Last Report
03/06/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number
56-1824666

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

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	SVPD	<input type="checkbox"/> DELETE
NAME	NESBITT, ROWENA J.	
STREET ADDRESS	244 E. PARK AVENUE	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GRIMES, KEVIN R	
STREET ADDRESS	244 E PARK AVE.	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BUTLER, MICHAEL R	
STREET ADDRESS	244 E PARK AVE.	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HALSCH, JAMES	
STREET ADDRESS	9 THOMAS STREET	
CITY-ST-ZIP	THOMASVILLE NC	
TITLE	SVPD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, PHILLIP	
STREET ADDRESS	9 THOMAS STREET	
CITY-ST-ZIP	THOMASVILLE NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Thomas B. Rumfelt	
1.3 STREET ADDRESS	244 East Park Avenue	
1.4 CITY-ST-ZIP	Lake Wales, FL 33853	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas B. Rumfelt, President

1/10/97

(800) 989-7515

Date

Daytime Phone #

0394647

CR2E034 (9/96)