

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

FILED  
May 15 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 # F97000003029 (2)

1. Corporation Name:

REGENCY INSURANCE COMPANY

Principal Place of Business

3711 LATROBE DR  
CHARLOTTE NC 28211

Mailing Address

P.O. BOX 222038  
CHARLOTTE NC 28211



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

06/11/1997

4. FEI Number

56-1543230

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399-0300

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	PCD	<input type="checkbox"/> DELETE
NAME	LANGSTON, JOHN T	
STREET ADDRESS	7812 BALTUSROL LANE	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FOLEY, PETER H	
STREET ADDRESS	11 SCARBOROUGH CIRCLE	
CITY-ST-ZIP	ROCK HILL NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LOUGHLIN, JOSEPH P	
STREET ADDRESS	40 OLD SACKETT ROAD	
CITY-ST-ZIP	ROCK HILL NY	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, ROBERT J	
STREET ADDRESS	1450 BRITTLE CREEK DR	
CITY-ST-ZIP	MATTHEWS NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHIVELY, WILLIAM J	
STREET ADDRESS	608 SW 97TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LAKE III, FRANK J	
STREET ADDRESS	10514 SW 51ST LANE	
CITY-ST-ZIP	GAINESVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LANGSTON, JOHN T	
1.3 STREET ADDRESS	7812 BALTUSROL LANE	
1.4 CITY-ST-ZIP	CHARLOTTE, NC	
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	T. D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARK HENRY MISHLER	
4.3 STREET ADDRESS	195 LAKE LOUISE MARIE RD.	
4.4 CITY-ST-ZIP	ROCK HILL, NEW YORK 12775	
5.1 TITLE	P. D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SHIVELY, WILLIAM J	
5.3 STREET ADDRESS	608 SW 97TH TERRACE	
5.4 CITY-ST-ZIP	GAINESVILLE, FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Rhulen, HARRY W.	
6.3 STREET ADDRESS	195 LAKE LOUISE MARIE RD.	
6.4 CITY-ST-ZIP	ROCK HILL, NEW YORK 12775	

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.

CR2E034 (10/97)