Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700003029

REGENCY INSURANCE COMPANY

	e of Business	Mailing Address						
3711 LATROBE	DR	P.O. BOX 222038						
CHARLOTTE NC 28211		CHARLOTTE NC 28211			DO NOT INDITE IN	TUIC CDACE		
						DO NOT WRITE IN	THIS SPACE	
}					3. Date Incorpora			
					06/11/1997	<u> </u>		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	_	├ ─┼	Applied For
21		26			56-154323	<u> </u>		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of S	status Desired	*	5 Additional
22		27			0. 30 1. 3		Fee	Required
City & State	e	City & State			6. Election Camp	paign Financing		0 May Be
23	<u></u>	28			Trust Fund Co	ontribution	Adde	d to Fees
Zip	Country	Zip	Country		8. This corporati	on owes the current ye		
24	25	29	30		Personal Prop		∐ Yes	□No
9. Name and Address of Current Registered Agent					10. Name and A	dress of New Regist	ered Agent	
			81	Name				
INSURANCE COMMISSIONER			82	Street Addre	ess (P.O. Box Numb	er is Not Acceptable)		
CAPITOL				Oli COL / IGG	300 (1.101.001.714			
TALLAHASSEE FL 32399-0300			83					
							95 7	ip Code
			84	City			FL 85 Z	ih Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statuti	es, the above	-named corpo	oration submits this s	statement for the purpo	se of changing	its registered
office or r	registered agent or both in the State	of Florida, Such change was at	uthorized by 1	the corporatio	n's board of director	s. I hereby accept the	appointment as	registered
agent. I a	im familiar with, and accept the obliga	tions of, Section 607.0303, Flor	rida Statutes.					
SIGNATURE	Signature, typed or printed name of registered age	NOTE:				DA		
12.			 Registered Agent 	t signature required	when reinstating)		TE	
_ ·				t signature required	when reinstating) ADDITIONS/CI			TORS IN 12
I TITLE	T 2	ID DIRECTORS	13.		ADDITIONS/CI	HANGES TO OFFICER		
TITLE	D		13.	D ,	ADDITIONS/CI	HANGES TO OFFICER	RS AND DIREC	
NAME	D LANGSTON, JOHN T	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME	D, JA	ADDITIONS/CI V mes sattes	HANGES TO OFFICER	RS AND DIREC	
NAME STREET ADDRESS	D LANGSTON, JOHN T 7812 BALTUSROL LANE	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	JA ADORESS PAE	ADDITIONS/CI V mes satter Lance Louise	HANGES TO OFFICER	RS AND DIREC	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE	D LANGSTON, JOHN T 7812 BALTUSROL LANE CHARLOTTE NC VD	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	ADDRESS PAGE -ZIP V	ADDITIONS/CI V MES SATTER LANCE LOUISE CK HILL , N	HANGES TO OFFICER RFIELD READ Y 12775	RS AND DIREC	ge Addition
NAME STREET ADDRESS CITY-ST-ZIP	D LANGSTON, JOHN T 7812 BALTUSROL LANE CHARLOTTE NC VD FOLEY, PETER H	D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	ADDRESS PAGE	ADDITIONS/CI V MES SATTER LANCE LOUISE CK HILL N RALD HARTI	HANGES TO OFFICER RELD READ Y 12775	RS AND DIREC	ge Addition
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ROCK HILL NY 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, with all other like empowered.

4,4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P, D

ROCK HILL

Rhulen, HARRY W.

195 LAKE LOUISE MARIE ROAD

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

ROCK HILL NY 12775

SHIVELY, WILLIAM J

RHULEN, HARRY W.

195 LAKE LOUISE MARIE ROAD

608 SW 97TH TERRACE GAINESVILLE FL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12775

FILED

Jun 08, 1999 8:00 am

Secretary of State

06-08-1999 90004 046 ***550.00

Addition

Addition

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