

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90063 042 ***150.00

DOCUMENT # F98000003640

1. Corporation Name
REDWOODS UNDERWRITERS, INC.

Principal Place of Business
2200 GATEWAY BLVD., SUITE 205
MORRISVILLE NC 27514

Mailing Address
2200 GATEWAY BLVD., SUITE 205
MORRISVILLE NC 27514

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1998

4. FEI Number
56-2087089

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 2801 Slater Road
Suite, Apt. #, etc.
22 Suite 110

2a. Mailing Address
26 2801 Slater Road
Suite, Apt. #, etc.
27 Suite 110

City & State
23 Morrisville, NC 27560
Zip Country

City & State
28 Morrisville, NC 27560
Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

MARSH, DARREN
210 UNIVERSITY DRIVE, 9TH FLOOR
CORAL SPRINGS FL 33071

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 P
NAME TRAPANI, KEVIN A
STREET ADDRESS 102 HUNTINGTON DR.
CITY-ST-ZIP CHAPEL HILL NC 27514

TITLE C
NAME ABRAM, J. A
STREET ADDRESS 2200 GATEWAY BLVD., SUITE 205
CITY-ST-ZIP MORRISVILLE NC 27560

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2801 Slater Rd.
1.4 CITY-ST-ZIP Morrisville, NC 27560

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2801 Slater Road
2.4 CITY-ST-ZIP Morrisville, NC 27560

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0564952