FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 15 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 # **K39412** (7)

1. Corporation Name
SECOND LAND SALES, INC.

Principal Place of Business

P O BOX 4899
GA1-006-14-16
ATLANTA GA 30302-4899
US

401 N TRYON ST
NC1-021-03-09
c/o CORPORATE TAX
CHARLOTTE NC 28255

3. Date Incorporated or Qualified	3a. Date of Last Report
10/18/1988	02/07/1996

4. FEI Number 65-0094629 ☐ 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

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

9. **Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SMITH, F. BART	
STREET ADDRESS	600 PEACHTREE STREET, NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	☐ DELETE
NAME	FITCHETT, WILLIAM C	
STREET ADDRESS	2059 NORTHLAKE PARKWAY	
CITY-ST-ZIP	TUCKER GA	
TITLE	D	☐ DELETE
NAME	LIENTZ, JAMES R JR	
STREET ADDRESS	600 PEACHTREE STREET, NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	P	☐ DELETE
NAME	JOHNSON, ROBERT L	
STREET ADDRESS	600 PEACHTREE STREET, NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	☒ DELETE
NAME	GORT, SYLVIA H	
STREET ADDRESS	600 PEACHTREE STREET, NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	S	☒ DELETE
NAME	WOLKOM, GREGORY J	
STREET ADDRESS	600 PEACHTREE STREET, NE	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

SEE SCHEDULE ATTACHED

CR2E034 (9/96)

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 on an attachment with an address.

SIGNATURE: Susan Mays Newman 4/28/97

SUSAN MAYS NEWMAN
Senior Vice President

Active Officer & Director Report

401 N TRYON ST NC1-021-03-09
c/o CORPORATE TAX
CHARLOTTE NC 28255

Second Land Sales, Inc.

Directors	Title	Start Dt	Last El.
W. Calvin Fitchett	Director	08/04/94	12/20/96
James R. Lientz, Jr.	Director	08/04/94	12/20/96
F. Bart Smith	Director	08/04/94	12/20/96

Officers	Title	Start Dt	Last El.
Robert L. Johnson	President	08/04/94	12/20/96
Michael J. Mulcahy	Senior Vice President/Tax Officer	12/20/96	12/20/96
Susan Mays Newman	Senior Vice President/Tax Officer	12/20/96	12/20/96
Gary S. Williams	Senior Vice President/Tax Officer	12/20/96	12/20/96
Mary-Ann Lucas	Secretary	12/20/96	12/20/96
Jacqueline MacRorie	Assistant Secretary	12/20/96	12/20/96
Gerald R. Massey	Treasurer	12/20/96	12/20/96

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1997

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DOCUMENT # **F96000006699 (0)**

1. Corporation Name
CONTIINSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
500 ENTERPRISE RD HORSHAM PA 19044	500 ENTERPRISE RD HORSHAM PA 19044-3503

3. Date Incorporated or Qualified: 12/20/1996
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 23-2868487 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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82 Street Address (P.O. Box Number is Not Acceptable)
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84 City **FL** 85 Zip Code

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SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BABJAK, ROBERT		1.2 NAME		
STREET ADDRESS	500 ENTERPRISE RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	HORSHAM PA 19044		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	CARR, EILEEN		2.2 NAME		
STREET ADDRESS	500 ENTERPRISE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	HORSHAM PA 19044		2.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	3.1 TITLE	P	☐ Change ☒ Addition
NAME	DANDY, AMY		3.2 NAME	WILLARD, HAL	
STREET ADDRESS	500 ENTERPRISE RD		3.3 STREET ADDRESS	500 ENTERPRISE RD.	
CITY-ST-ZIP	HORSHAM PA 19044		3.4 CITY-ST-ZIP	HORSHAM, PA 19044	
TITLE	V	☐ DELETE	4.1 TITLE	SRV/COUNSEL	☒ Change ☐ Addition
NAME	DUFFIELD, ANNE		4.2 NAME		
STREET ADDRESS	500 ENTERPRISE RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	HORSHAM PA 19044		4.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	5.1 TITLE	SRV/T	☒ Change ☐ Addition
NAME	EGAN, DAN		5.2 NAME		
STREET ADDRESS	500 ENTERPRISE RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	HORSHAM PA 19044		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HIGGINS, WILLIAM		6.2 NAME		
STREET ADDRESS	500 ENTERPRISE RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	HORSHAM PA 19044		6.4 CITY-ST-ZIP		

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SIGNATURE: _____ 4-28-97 215 957-3732