4-14-95 K-351 C

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 14 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P25916** **(8)**

1. Corporation Name
PREFERRED SURETY CORPORATION

Principal Place of Business	Mailing Address
200 HANCOCK STREET MADISON GA 30650	200 HANCOCK STREET MADISON GA 30650

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/01/1989	3a. Date of Last Report: 03/10/1994
2. Principal Place of Business — 21	2a. Mailing Address — 26
4. FEI Number: 59-1733222	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22	Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State — 23	City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip — 24 / Country — 25	Zip — 29 / Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

THE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

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 signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	BITLER, HAROLD P.	1.2 NAME		
STREET ADDRESS	25 PARK PLACE	1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP		
TITLE	VSD	2.1 TITLE	VSD	☒ Change ☐ Addition
NAME	DICKINSON, JUNE H.	2.2 NAME	HARDELL, ANNE J.	
STREET ADDRESS	25 PARK PLACE	2.3 STREET ADDRESS	25 PARK PLACE	
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	ATLANTA GA	
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	ARRIETA, JORGE	3.2 NAME		
STREET ADDRESS	25 PARK PLACE	3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☐ Change ☐ Addition
NAME	HOLLISTER, JOHN C.	4.2 NAME	HOLLISTER, JOHN C.	
STREET ADDRESS	25 PARK PLACE	4.3 STREET ADDRESS	25 PARK PLACE (DELETE)	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	ATLANTA GA	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SPIEGEL, JOHN W.	5.2 NAME		
STREET ADDRESS	25 PARK PLACE	5.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	O'HALLORAN, WILLIAM P	6.2 NAME		
STREET ADDRESS	25 PARK PLACE	6.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Anne J. Hardell 3/23/95 (404) 827-6185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #