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FILED

Apr 08 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 # P25916 (8)

1. Corporation Name
PREFERRED SURETY CORPORATION

Principal Place of Business
286 HANCOCK STREET
MADISON GA 30650

Mailing Address
286 HANCOCK STREET
MADISON GA 30650-1305



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 P.O. Box 351

27 Suite, Apt. #, etc.

28 City & State

Madison GA

29 Zip

30650

30 Country

U.S.A

3. Date Incorporated or Qualified

09/01/1989

3a. Date of Last Report

03/04/1996

4. FEI Number

58-1733222

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

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

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	PD	<input type="checkbox"/> DELETE
NAME	BITLER, HAROLD P.	
STREET ADDRESS	25 PARK PLACE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	HARDELL, ANNE J.	
STREET ADDRESS	25 PARK PLACE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ARRIETA, JORGE	
STREET ADDRESS	25 PARK PLACE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	HARDELL, ANNE J	
STREET ADDRESS	25 PARK PLACE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPIEGEL, JOHN W.	
STREET ADDRESS	25 PARK PLACE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'HALLORAN, WILLIAM P	
STREET ADDRESS	25 PARK PLACE	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	303 Peachtree Street, Suite 3000
1.4 CITY-ST-ZIP	Atlanta, Georgia 30308
2.1 TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	June H. Dickinson
2.3 STREET ADDRESS	303 Peachtree Street, Suite 600
2.4 CITY-ST-ZIP	Atlanta, GA 30308
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	303 Peachtree Street, Suite 500
3.4 CITY-ST-ZIP	Atlanta, Georgia 30308
4.1 TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	June H. Dickinson
4.3 STREET ADDRESS	303 Peachtree Street, Suite 600
4.4 CITY-ST-ZIP	Atlanta, GA 30308
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	303 Peachtree Street, Suite 3000
5.4 CITY-ST-ZIP	Atlanta, Georgia 30308
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	303 Peachtree Street, Suite 3000
6.4 CITY-ST-ZIP	Atlanta, Georgia 30308

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/97 (404) 230-1262

Date

Daytime Phone #

CR2E034 (9/96)