


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P26478</b> 1. Entity Name CAPITAL CITY INSURANCE COMPANY, INC.	
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Principal Place of Business 3850 FERNANDINA COURT COLUMBIA, SC 29210	Mailing Address PO BOX 212157 COLUMBIA, SC 29221-2157
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04272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 57-0810811	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000
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<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000149358 05/03/04-80184-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DAVIS, HINTON G. 2006 SALEM CHURCH RD IRMO, SC 29063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEIBERT, JOHN F 1252 MORNING SHORE DR. LEXINGTON, SC 29072
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRYER, MARK E 411 NAUTICAL CT CHAPIN, SC 29036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ECTON, JOHN A 355 CONRAD CIRCLE COLUMBIA, SC 29212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRINDSTAFF, JACK F 106 WILKSHIRE DR. COLUMBIA, SC 29210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT NAUGHTER, PATRICK M 102 GLENEAGLE CIRCLE IRMO, SC 29063

<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **John F Seibert** **04-29-04** **805-131-7128**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #