

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # P26478

1. Entity Name
CAPITAL CITY INSURANCE COMPANY, INC.



Principal Place of Business
**3850 FERNANDINA COURT
COLUMBIA, SC 29210**

Mailing Address
**PO BOX 212157
COLUMBIA, SC 29221-2157**

DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number
57-0810811

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	DAVIS, HINTON G.
STREET ADDRESS	2006 SALEM CHURCH RD
CITY-ST-ZIP	IRMO, SC 29063
TITLE	P
NAME	SEIBERT, JOHN F
STREET ADDRESS	1252 MORNING SHORE DR.
CITY-ST-ZIP	LEXINGTON, SC 29072
TITLE	D
NAME	FRYER, MARK E
STREET ADDRESS	411 NAUTICAL CT
CITY-ST-ZIP	CHAPIN, SC 29038
TITLE	V
NAME	ECTON, JOHN A
STREET ADDRESS	355 CONRAD CIRCLE
CITY-ST-ZIP	COLUMBIA, SC 29212
TITLE	S
NAME	GRINDSTAFF, JACK F
STREET ADDRESS	108 WILKSHIRE DR.
CITY-ST-ZIP	COLUMBIA, SC 29210
TITLE	VT
NAME	NAUGHTER, PATRICK M
STREET ADDRESS	102 GLENEAGLE CIRCLE
CITY-ST-ZIP	IRMO, SC 29063

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04/16/05-80064-025 150.00

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IN THIS SPACE**

12. 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick M. Naughter
VP, Treasurer

4/14/05

Date

803-731-7728

Daytime Phone #