

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Feb 21 1997 8:00am  
Secretary of State

DOCUMENT # **P33635** (4)

1. Corporation Name

**SOUTHERN HERITAGE INSURANCE COMPANY**

Principal Place of Business

**100 CRESCENT CENTRE PARKWAY, SUITE 410  
TUCKER GA 30084**

Mailing Address

**100 CRESCENT CENTRE PARKWAY, SUITE 410  
TUCKER GA 30084-7039**

3. Date Incorporated or Qualified

**04/18/1991**

3a. Date of Last Report

**04/30/1996**

4. FEI Number

**58-1593449**

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

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
CAPITAL  
TALLAHASSEE FL 32399-0300**

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☐ DELETE

NAME **SNYDER, WILLIAM B**  
STREET ADDRESS **100 CRESCENT CENTRE**  
CITY- ST- ZIP **TUCKER GA**

TITLE **P** ☒ DELETE

NAME **CRAWFORD, THOMAS WAYNE**  
STREET ADDRESS **100 CRESCENT CENTRE PKWY, SUITE 410**  
CITY- ST- ZIP **TUCKER GA**

TITLE **VP** ☐ DELETE

NAME **CORMICAN, ROBERT J.**  
STREET ADDRESS **100 CRESCENT CENTRE PKWY, SUITE 410**  
CITY- ST- ZIP **TUCKER GA**

TITLE **T** ☐ DELETE

NAME **SNYDER, WILLIAM B**  
STREET ADDRESS **100 CRESCENT CENTRE PARKWAY, SUITE 410**  
CITY- ST- ZIP **TUCKER GA 30084**

TITLE **S** ☐ DELETE

NAME **LOWMAN, SALLY M.**  
STREET ADDRESS **100 CRESCENT CENTRE**  
CITY- ST- ZIP **TUCKER GA**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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:

*Robert J. Cormican*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/18/97*  
Date

*(770) 934-5057*  
Daytime Phone #

CR2E034 (9/96)