

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90091 028 ***150.00

DOCUMENT # P33635

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1991

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3237 Satellite Blvd.
Suite, Apt. #, etc.

2a. Mailing Address

26 1195 River Road
Suite, Apt. #, etc.

22 Building 300 Suite 300
City & State

27 P.O. Box 302
City & State

23 Duluth, GA
Zip Country

28 Marietta, PA
Zip Country

24 30096 25 USA

29 17547-0302 30 USA

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, typed 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 HELLER, JOHN C
STREET ADDRESS 100 CRESCENT CENTER
CITY-ST-ZIP TUCKER GA

TITLE AT ☒ DELETE
NAME SANDERS, VIRGINIA M
STREET ADDRESS 100 CRESCENT CENTRE PKWY, SUITE 410
CITY-ST-ZIP TUCKER GA 30084

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 Secretary ☐ Change ☒ Addition
1.2 NAME Spontak, Ralph G.
1.3 STREET ADDRESS 1195 River Road
1.4 CITY-ST-ZIP Marietta, PA 17547-0302

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 3237 Satellite Blvd.
2.4 CITY-ST-ZIP Duluth, GA 30096

3.1 TITLE Treasurer ☐ Change ☒ Addition
3.2 NAME Wagner, Daniel J.
3.3 STREET ADDRESS 1195 River Road
3.4 CITY-ST-ZIP Marietta, PA 17547-0302

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)