

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

00115

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED  
Feb 19, 1999 8:00 am  
Secretary of State

02-19-1999 90008 018 \*\*\*150.00

DOCUMENT # 808202

1. Corporation Name  
CANAL INSURANCE COMPANY



Principal Place of Business  
400 E. STONE AVE.  
GREENVILLE SC 29601  
US

Mailing Address  
P.O. BOX 7  
GREENVILLE SC 29602  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/03/1950	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 57-0133332	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
INSURANCE COMMISSIONER THE CAPITAL TALLAHASSEE FL 32399				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIMMONS, CHARLES M.		1.2 NAME	Timmons, Charles M., Jr.	
STREET ADDRESS	400 EAST STONE AVE		1.3 STREET ADDRESS	400 East Stone Avenue	
CITY-ST-ZIP	GREENVILLE SC		1.4 CITY-ST-ZIP	Greenville, SC 29601	
TITLE	DC	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMMONS, WM. R. J		2.2 NAME		
STREET ADDRESS	400 EAST STONE AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE SC		2.4 CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> DELETE	3.1 TITLE	V/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMMONS, W.R. I		3.2 NAME	Timmons, W. R., III	
STREET ADDRESS	400 EAST STONE AVE		3.3 STREET ADDRESS	400 East Stone Avenue	
CITY-ST-ZIP	GREENVILLE SC		3.4 CITY-ST-ZIP	Greenville, SC 29601	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Charles M. Timmons, Jr. January 8, 1999 864/242-5365  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 Charles M. Timmons, Jr., President

CR2E034 (11/98)