

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 4:19

DOCUMENT # 803762 (4)

1. Corporation Name

THE AMERICAN AUTOMOBILE ASSOCIATION (INCORPORATE
D)

Principal Place of Business

1000 AAA DRIVE
HEATHROW FL 32746

Mailing Address

1000 AAA DRIVE
HEATHROW FL 32746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1930

3a. Date of Last Report

01/19/1994

4. FEI Number

53-0025420

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

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	VERKUIL, PAUL R.
STREET ADDRESS	1000 AAA DRIVE
CITY-ST-ZIP	HEATHROW FL
TITLE	V
NAME	WYLAND, DARRYL
STREET ADDRESS	1000 AAA DRIVE
CITY-ST-ZIP	HEATHROW FL
TITLE	AS
NAME	SCARFO, HENRY J.
STREET ADDRESS	1000 AAA DRIVE
CITY-ST-ZIP	HEATHROW FL
TITLE	VPT
NAME	WIGGER, RALPH L
STREET ADDRESS	1000 AAA DRIVE
CITY-ST-ZIP	HEATHROW FL
TITLE	AT
NAME	FRAMPTON, CHARLES L.
STREET ADDRESS	1000 AAA DRIVE
CITY-ST-ZIP	HEATHROW FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	ROBERT DARBELNET	
1.3 STREET ADDRESS	1000 AAA DRIVE	
1.4 CITY-ST-ZIP	HEATHROW, FL 32746	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles L. Frampton

ASSISTANT TREASURER

407-444-7017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone