

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L13460 (5)**

1. Corporation Name

FRIENDLY AUTO INSURANCE OF APOPKA, INC.



Principal Place of Business

Mailing Address

% LLOYD E. REGISTER
1535 N. MAITLAND AVENUE
MAITLAND FL 32751

% LLOYD E. REGISTER
1535 N. MAITLAND AVENUE
MAITLAND FL 32751

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
08/31/1989

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2976836

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

10. Name and Address of New Registered Agent

✓ REGISTER, LLOYD E.
1535 N. MAITLAND AVENUE
MAITLAND FL 32751

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 FEI number

Typed Registered Agent signature (applicable to changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DC** DELETE
NAME **REGISTER, LLOYD E., III**
STREET ADDRESS **1535 N. MAITLAND AVENUE**
CITY- ST- ZIP **MAITLAND FL**

TITLE **D** DELETE
NAME **REGISTER, SHARON**
STREET ADDRESS **1535 N. MAITLAND AVENUE**
CITY- ST- ZIP **MAITLAND FL**

TITLE **VP** DELETE
NAME **HOROWITZ, RANDY**
STREET ADDRESS **1535 N. MAITLAND AVE**
CITY- ST- ZIP **MAITLAND FL**

TITLE **ST** DELETE
NAME **PACE, ERICK**
STREET ADDRESS **1535 N MAITLAND AVE**
CITY- ST- ZIP **MAITLAND FL**

TITLE **DV** DELETE
NAME **REGISTER, LLOYD E IV**
STREET ADDRESS **1535 N MAITLAND AVE**
CITY- ST- ZIP **MAITLAND FL**

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

500001817485
-05/13/96--01006--051
*****208.75**

✓ Timothy Z. Register
1535 N. Maitland Ave
Maitland FL 32751

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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Erick Pace

Erick Pace 4/10/96 407 260 2 220

CR2E034 (12/95)