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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

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****208.75 ****208.75

DOCUMENT # L38289 (9)

1. Corporation Name

[redacted] CASH REGISTER AUTO INSURANCE OF HERNANDO CO., INC.

Principal Place of Business	Mailing Address
C/O LLOYD E. REGISTER 1535 N. MAITLAND AVE. MAITLAND FL 32751-3317	C/O LLOYD E. REGISTER 1535 N. MAITLAND AVE. MAITLAND FL 32751-3317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/1989
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | County (25) | Zip (29) | Country (30)

4. FEI Number: 59-2901570 ☐ 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

9. Name and Address of Current Registered Agent

REGISTER, LLOYD E.
1535 N. MAITLAND AVE.
MAITLAND FL 32751

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	MILKE, DEBBIE	12 NAME	
STREET ADDRESS	23 WESTON ROAD	13 STREET ADDRESS	
CITY ST ZIP	LEESBURG FL	14 CITY ST ZIP	
TITLE	DC	21 TITLE	☐ Change ☐ Addition
NAME	REGISTER, LLOYD E.	22 NAME	
STREET ADDRESS	1535 N. MAITLAND AVE.	23 STREET ADDRESS	
CITY ST ZIP	MAITLAND FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	REGISTER, SHARON	32 NAME	
STREET ADDRESS	1535 N. MAITLAND AVE.	33 STREET ADDRESS	
CITY ST ZIP	MAITLAND FL	34 CITY ST ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	PACE, ERICK	42 NAME	
STREET ADDRESS	1535 N MAITLAND AVE	43 STREET ADDRESS	
CITY ST ZIP	MAITLAND FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☒ Addition
NAME		52 NAME	DV LLOYD E. REGISTER IV
STREET ADDRESS		53 STREET ADDRESS	1586 N. MAITLAND AVE
CITY ST ZIP		54 CITY ST ZIP	MAITLAND FL 32751
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	SP 511
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: Sharon Register 4/14/95 407 260 2220
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)
SHARON REGISTER

0041930 CP