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

FILED Apr 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L38289 (9)CASH REGISTER AUTO INSURANCE OF HERNANDO CO., IN Principal Place of Business Mailing Address C/O LLOYD E. REGISTER C/O LLOYD E. REGISTER 1535 N. MAITLAND AVE. 1535 N. MAITLAND AVE. DO NOT WRITE IN THIS SPACE MAITLAND FL 32751-3317 MAITLAND FL 32751-3317 3. Date Incorporated or Qualified 12/19/1989 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2901570 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 귚 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution Added to Fees 23 28 Country Zip Country ZID This corporation owes or has paid the current year Intangible Yes Yes 24 29 Personal Property Tax due June 30. 30 25 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 81 Name REGISTER, LLOYD E. 1535 N. MAITLAND AVE. 82 Street Address (P.O. Box Number is Not Acceptable) MAITLAND FL 32751 83 84 City 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 trin if applicable (NOTE Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE REGISTER, LLOYD E. 1.2 NAME CR2E034 1535 N. MAJTLAND AVE. STREET ADDRESS 1.3 STREET ADDRESS MAITLAND FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 21 TITLE Change Addition PACE, ERICK NAME 2.2 NAME 1535 N MAITLAND AVE 2.3 STREET ADDRESS STREET ADDRESS MATTLAND FL 2 4 CITY-ST-ZIP CITY - \$1 - 7IP DELETE Change Addition TITLE 3.1 TITLE REGISTER, LLOYD E IV MAME 3.2 NAME 1535 N. MATTLAND BLVD STREET ADDRESS 3.3 STREET ADDRESS MAITLAND FL 32751 CITY-ST-ZIP 3.4. CITY - ST-ZIP ■ DELETE Change Addition TOTLE 4.1 TITLE NAMI 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP

DELETE

Tick Pace

6.1 TITLE

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, of earn attachment with an address.

TITLE

NAME

STREET ADDRESS

SIGNATURE:

CITY - ST - ZIF

Change

407260 2220

Addition