P94000012188

Mail this postcard to people and businesses that send you mail

Please send mail to my new address beginning: 6 / 23 / 97
Month / Day / Year

My Name (Last Name, First Name, Middle Initial)

OLD Complete Street Address, PO Box, or Rural Route and RR Box No.
A-ABLE & WILLING AUTO INSURANCE
Apt./Suite No.

City or Post Office
~~2911 - 38th Avenue North~~
St. Petersburg, Florida 33713
State
ZIP Code or ZIP+4

NEW Complete Street Address, PO Box, or Rural Route No. and Box No.
Apt./Suite No.

City or Post Office
~~A-ABLE & WILLING AUTO INSURANCE, INC.~~
6880 46 AVE NO. SUITE 210
~~ST. PETERSBURG, FL 33709~~
State
ZIP Code or ZIP+4

Account Number (If Applicable)
(813) 541-6700
New Telephone No. (Optional)
( )

Signature
Today's Date
Month / Day / Year

PS Form **3576**, February 1995

Recipient: Be sure to record the above new address.

KS 7/8