

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S11143** (2)

1. Corporation Name
AUTO CLUB SOUTH INSURANCE COMPANY



Principal Place of Business: **1515 NORTH WESTSHORE BLVD. TAMPA FL 33607**
Mailing Address: **1515 NORTH WESTSHORE BLVD. TAMPA FL 33607**

3. Date Incorporated or Qualified: **12/14/1990**
3a. Date of Last Report: **01/30/1995**

2. Principal Place of Business (21) State, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) State, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-3031102**
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
**JOHN A. TOMLIN
18008 CLEAR LAKE DRIVE
LUTZ 33549**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	SHARP, ROBERT R. 18710 PEPPER PIKE LANE LUTZ FL	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D	O'BRIEN, THOMAS E. 18321 CYPRESS VILLAGE CR TAMPA FL	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D	TORRENCE, JOHN A. 13606 WATERFALL WAY TAMPA FL	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D	TOMLIN, JOHN A. 18008 CLEAR LAKE DR. LUTZ FL	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D	PATRICK, LARRY 508 RUNNING HORSE RD SEFFNER FL	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE		6.2 NAME: _____	
TITLE: <input type="checkbox"/> DELETE		6.3 STREET ADDRESS: _____	
TITLE: <input type="checkbox"/> DELETE		6.4 CITY - ST - ZIP: _____	

TITLE: <input type="checkbox"/> DELETE		6.5 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE		6.6 NAME: _____	
TITLE: <input type="checkbox"/> DELETE		6.7 STREET ADDRESS: _____	
TITLE: <input type="checkbox"/> DELETE		6.8 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, 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: *John A. Torrence, Sr.* **John A. Torrence, Sr. Vice Pres.** 1/23/96 **289-5902**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)