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**Mar 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33607-4505**

3. Date Incorporated or Qualified: **12/14/1990** 3a. Date of Last Report: **01/25/1996**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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): **1515 North Westshore Blvd.**
83
84 City: **Tampa** FL 85 Zip Code: **33607**

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: *John A. Tomlin* *Exec. V.P.* *3/4/97*
Signature typed or printed name of signed for: **John A. Tomlin** (NOTE: Registered Agent signature) **Exec. Vice President** DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	SHARP, ROBERT R.
STREET ADDRESS	18710 PEPPER PIKE LANE
CITY - ST - ZIP	LUTZ FL 33549
TITLE	D <input type="checkbox"/> DELETE
NAME	O'BRIEN, THOMAS E.
STREET ADDRESS	18321 CYPRESS VILLAGE CR
CITY - ST - ZIP	TAMPA FL 33624
TITLE	D <input type="checkbox"/> DELETE
NAME	TORRENCE, JOHN A.
STREET ADDRESS	13606 WATERFALL WAY
CITY - ST - ZIP	TAMPA FL 33549
TITLE	D <input type="checkbox"/> DELETE
NAME	TOMLIN, JOHN A.
STREET ADDRESS	18008 CLEAR LAKE DR.
CITY - ST - ZIP	LUTZ FL 33549
TITLE	D <input type="checkbox"/> DELETE
NAME	PATRICK, LARRY
STREET ADDRESS	508 RUNNING HORSE RD
CITY - ST - ZIP	SEFFNER FL 33584
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	33549
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	13821 Cypress Village Circle
2.4 CITY - ST - ZIP	33624
3.1 TITLE	TSV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	5016 Avenue Avignon
3.4 CITY - ST - ZIP	33549
4.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	33549
5.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	33584
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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, or on an attachment with an address.

SIGNATURE: *John A. Torrence, Sr.* **John A. Torrence, Sr. VP** *3/4/97* **(813)289-5902**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)