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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 # **S24918** **(2)**

1. Corporation Name

[redacted] CASH REGISTER AUTO INSURANCE OF COCOA , INC.

Principal Place of Business	Mailing Address
1535 NORTH MAITLAND AVENUE MAITLAND FL 32751	1535 NORTH MAITLAND AVE MAITLAND FL 32751 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/14/1991	3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-3045352	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

REGISTER, LLOYD E.
1535 NORTH MAITLAND AVENUE
MAITLAND FL 32751

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	DC	☒ Change ☐ Addition
NAME	REGISTER, LLOYD E.	12 NAME		
STREET ADDRESS	507 FORRESTWOOD COURT	13 STREET ADDRESS		
CITY ST ZIP	MAITLAND FL	14 CITY ST ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	REGISTER, SHARON	22 NAME		
STREET ADDRESS	507 FORRESTWOOD COURT	23 STREET ADDRESS		
CITY ST ZIP	MAITLAND FL	24 CITY ST ZIP		
TITLE	P	31 TITLE		☐ Change ☐ Addition
NAME	BACHELLER, CHRISTOPHER	32 NAME		
STREET ADDRESS	442 CANDLESTICK AVE NE	33 STREET ADDRESS		
CITY ST ZIP	PALM BAY 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	DV	☐ Change ☒ Addition
NAME		52 NAME	LLOYD E. REGISTER IV	
STREET ADDRESS		53 STREET ADDRESS	885 N. MAITLAND AVE	
CITY ST ZIP		54 CITY ST ZIP	MAITLAND FL 32751	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME	$87511	
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 addition.

SIGNATURE: Sharon Register 4/14/95 407 260 2220
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Telephone Number
SHARON REGISTER

0041610 CP