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Mar 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 704842 (4)

1. Corporation Name

AAA AUTO CLUB SOUTH, INC.



Principal Place of Business

Mailing Address

1515 N. WESTSHORE BLVD
TAMPA FL 33607
US

1515 N. WESTSHORE BLVD
TAMPA FL 33607-4505
US

3. Date Incorporated or Qualified
11/29/1962

3a. Date of Last Report
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-0475480

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

10. Name and Address of New Registered Agent

SHARP, ROBERT R.
1515 N. WESTSHORE BLVD.
TAMPA FL 33607

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TSDV ☐ DELETE
NAME TORRENCE, JOHN A
STREET ADDRESS 5016 AVENUE AVIGNON
CITY-ST-ZIP LUTZ FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 33549

TITLE DP ☐ DELETE
NAME SHARP, ROBERT R
STREET ADDRESS 18710 PEPPER PIKE LANE
CITY-ST-ZIP LUTZ FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 33549

TITLE VD ☐ DELETE
NAME OBRIEN, THOMAS E
STREET ADDRESS 13821 CYPRESS VILLAGE CT
CITY-ST-ZIP TAMPA FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 13821 Cypress Village Circle
3.4 CITY-ST-ZIP 33624

TITLE VD ☐ DELETE
NAME TOMLIN, JOHN A.
STREET ADDRESS 18008 CLEAR LAKE DR.
CITY-ST-ZIP LUTZ FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 33549

TITLE VD ☐ DELETE
NAME MCMUTRIE, JENNIFER K.
STREET ADDRESS 2847 1ST ST NE
CITY-ST-ZIP ST PETERSBURG FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 33704

TITLE VD ☐ DELETE
NAME BAKEWELL, KEVIN W.
STREET ADDRESS 12594 92ND WAY NORTH
CITY-ST-ZIP LARGO FL

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 34643

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 617, 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.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Torrence, Sr. VP 3/4/97 (813) 289-5902

Date

Daytime Phone # 0047643

CR2E037 (9/96)