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Apr 15 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 # **G73970** (7)
1. Corporation Name
"CASH" REGISTER AUTO INSURANCE OF ESCAMBIA CO., INC.

Principal Place of Business

% LLOYD E. REGISTER
1535 N MAITLAND AVE
MAITLAND FL 32751

Mailing Address

% LLOYD E. REGISTER
1535 N MAITLAND AVE
MAITLAND FL 32751-3317

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

REGISTER, LLOYD E.
1535 N MAITLAND AVE
MAITLAND FL 32751

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 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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of person who signed (if not applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	☐ DELETE
NAME	REGISTER, LLOYD E IV	
STREET ADDRESS	1535 MAITLAND AVE.	
CITY-ST-ZIP	MAITLAND FL	
TITLE	D	☒ DELETE
NAME	REGISTER, SHARON	
STREET ADDRESS	1535 MAITLAND AVE.	
CITY-ST-ZIP	MAITLAND FL	
TITLE	P	☐ DELETE
NAME	GILSTRAP, TRINKA M.	
STREET ADDRESS	588 TALLOW TREE DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	ST	☐ DELETE
NAME	PACE, ERICK	
STREET ADDRESS	1535 N. MAITLAND AVE.	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	DC	☐ DELETE
NAME	REGISTER, LLOYD E	
STREET ADDRESS	1535 N. MAITLAND AVE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	V	☒ DELETE
NAME	REGISTER, TIMOTHY Z	
STREET ADDRESS	1535 N MAITLAND AVE.	
CITY-ST-ZIP	MAITLAND FL 32751	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	Director
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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:

Sil P.

Sil P.

2/10/97

402

2/10/97

CR2E034 (9/96)