

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 199593 (5)

1. Corporation Name

ASSOCIATED INSURANCE OF PENSACOLA, INC.



Principal Place of Business

907 W. GARDEN ST  
PO BOX 12029  
PENSACOLA FL 32501  
US

Mailing Address

P.O. BOX 12029  
PO BOX 12029  
PENSACOLA FL 32509  
US

3. Date Incorporated or Qualified  
02/01/1957

3a. Date of Last Report  
08/25/1995

2. Principal Place of Business

21 8130 PITTMAN AVE

2a. Mailing Address

26 8130 PITTMAN AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 PENSACOLA, FL

City & State

28 PENSACOLA, FL

Zip

24 32534

Country

25 ESCAMBIA

Zip

29 32534

Country

30 ESCAMBIA

9. Name and Address of Current Registered Agent

HAMADA, MICHAEL  
907 W. GARDEN ST  
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name HAMADA, MICHAEL  
82 Street Address (P.O. Box Number is Not Acceptable)  
8130 PITTMAN AVE  
83  
84 City PENSACOLA FL 85 Zip Code 32534

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

*Michael Hamada*

MICHAEL HAMADA

APRIL 12, 1996

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C  
NAME FRIEDRICH, ROBERT A  
STREET ADDRESS 907 W. GARDEN ST  
CITY-ST-ZIP PENSACOLA FL  
☐ DELETE

TITLE P  
NAME HAMADA, MICHAEL  
STREET ADDRESS 907 W. GARDEN STREET  
CITY-ST-ZIP PENSACOLA FL  
☐ DELETE

TITLE ST  
NAME HUSBY, MARGARET C  
STREET ADDRESS 907 W. GARDEN ST  
CITY-ST-ZIP PENSACOLA FL  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TREASURER(T) ☒ Change ☐ Addition  
1.2 NAME HUSBY, MARGARET  
1.3 STREET ADDRESS 8130 PITTMAN AVE  
1.4 CITY-ST-ZIP PENSACOLA, FL 32534

2.1 TITLE SECRETARY(S) ☐ Change ☒ Addition  
2.2 NAME HAMADA, SOZANNE  
2.3 STREET ADDRESS 8130 PITTMAN AVE  
2.4 CITY-ST-ZIP PENSACOLA, FL 32534

3.1 TITLE CEO(C) ☒ Change ☐ Addition  
3.2 NAME FRIEDRICH, ROBERT A  
3.3 STREET ADDRESS 8130 PITTMAN AVE  
3.4 CITY-ST-ZIP PENSACOLA, FL 32534

4.1 TITLE PRESIDENT(P) ☒ Change ☐ Addition  
4.2 NAME HAMADA, MICHAEL  
4.3 STREET ADDRESS 8130 PITTMAN AVE  
4.4 CITY-ST-ZIP PENSACOLA, FL 32534

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

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

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:

*Michael Hamada*

MICHAEL HAMADA

APRIL 12, 1996 904-494-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)