FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **373024** **(9)**

1. Corporation Name

ASSOCIATION OF INDEPENDENT MOTORISTS, INC.

300001472993
-05/03/95--01061--001
***2000.00 ****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 15707 ST. PETERSBURG FL 33733 US	P.O. BOX 15707 ST. PETERSBURG FL 33733 US

3. Date Incorporated or Qualified: **11/19/1970**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-1317750** ☐ Applied For ☐ Not Applicable
Suite, Apt #, etc — 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 / Country — 25 / Zip — 29 / Country — 30
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

DELANO, G. KRISTIN
360 CENTRAL AVENUE
ST. PETERSBURG FL 33733

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE: G. Kristin Delano
Signature required if new or former registered agent and filed separately. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	☐ Change ☐ Addition
NAME	HUSSEMANN, EDWIN C.	12 NAME	
STREET ADDRESS	360 CENTRAL AVE.	13 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	MEEHAN, DAVID K.	22 NAME	
STREET ADDRESS	360 CENTRAL AVE.	23 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL	24 CITY ST ZIP	
TITLE	DC	31 TITLE	☐ Change ☐ Addition
NAME	MENKE, ROBERT M.	32 NAME	
STREET ADDRESS	360 CENTRAL AVE.	33 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL	34 CITY ST ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	DELANO, G. KRISTIN	42 NAME	
STREET ADDRESS	360 CENTRAL AVE.	43 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

AP 5/1

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 address.

SIGNATURE: G. Kristin Delano, Secretary (813) 823-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0312006 CP