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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # **552397** **(2)**

1. Corporation Name
FRIENDLY AUTO INSURANCE, INC.

Principal Place of Business
% LLOYD REGISTER
1535 N. MAITLAND AVE.
MAITLAND FL 32751

Mailing Address
% LLOYD REGISTER
1535 N. MAITLAND AVE.
MAITLAND FL 32751

3. Date Incorporated or Qualified: **12/02/1977**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-1791583** — Applied For / Not Applicable

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

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

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	REGISTER LLOYD E.		1.2 NAME	
STREET ADDRESS	1535 N. MAITLAND AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	REGISTER SHARON		2.2 NAME	
STREET ADDRESS	1535 N. MAITLAND AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL		2.4 CITY-ST-ZIP	
TITLE	P	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ZUGELDER, ANNE		3.2 NAME	
STREET ADDRESS	2477 S. ORANGE BLOSSOM		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PACE, ERICK		4.2 NAME	
STREET ADDRESS	1535 N MAITLAND AVENUE		4.3 STREET ADDRESS	400001817474
CITY-ST-ZIP	MAITLAND FL		4.4 CITY-ST-ZIP	-05/13/96--01006--044
TITLE	DV	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	REGISTER, LLOYD E		5.2 NAME	***208.75
STREET ADDRESS	1535 N MAITLAND AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME			6.2 NAME	Timothy Z. Register
STREET ADDRESS			6.3 STREET ADDRESS	1535 N. Maitland ave
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Maitland FL 32751

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: _____ Erick Pace 4/16/96 407 260 3220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)