

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Feb 14 1996 8:00 am  
Secretary of State

**DOCUMENT # 704842 (4)**  
1. Corporation Name  
**AAA AUTO CLUB SOUTH, INC.**



Principal Place of Business Mailing Address  
**1515 N. WESTSHORE BLVD TAMPA FL 33631**

3. Date Incorporated or Qualified **11/29/1962** 3a. Date of Last Report **08/15/1995**  
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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 **33607** 25 Country 29 Zip **33607** 30 Country

9. Name and Address of Current Registered Agent  
**SHARP, ROBERT R.  
1515 N. WESTSHORE BLVD.  
TAMPA FL 33607**

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>TSD</b>	<input type="checkbox"/> DELETE
NAME	<b>TORRENCE, JOHN A</b>	
STREET ADDRESS	<b>5016 AVENUE AVIGNON</b>	
CITY-ST-ZIP	<b>LUTZ FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>SHARP, ROBERT R</b>	
STREET ADDRESS	<b>18710 PEPPER PIKE LANE</b>	
CITY-ST-ZIP	<b>LUTZ FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>O'BRIEN, THOMAS E</b>	
STREET ADDRESS	<b>13821 CYPRESS VILLAGE CT</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>TOMLIN, JOHN A.</b>	
STREET ADDRESS	<b>18008 CLEAR LAKE DR.</b>	
CITY-ST-ZIP	<b>LUTZ FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>EMERY, R. WAYNE</b>	
STREET ADDRESS	<b>2737 ORCHID OAK DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>BAKEWELL, KEVIN W.</b>	
STREET ADDRESS	<b>12594 92ND WAY NORTH</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE	<b>TSDV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>V/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Jennifer K. McMutrie</b>	
5.3 STREET ADDRESS	<b>2847 1st St. N.E.</b>	
5.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33704</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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 **John A. Torrence, Sr. VP 2/9/96 (813) 289-5907**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

CR2E037 (12/95)