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Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 704842 (4)

1. Corporation Name

AAA AUTO CLUB SOUTH, INC.



Principal Place of Business

Mailing Address

1515 N. WESTSHORE BLVD
TAMPA FL 33607
US

1515 N. WESTSHORE BLVD
TAMPA FL 33607-4505
US

3. Date Incorporated or Qualified
11/29/1962

3a. Date of Last Report
02/14/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-0475480

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHARP, ROBERT R.
1515 N. WESTSHORE BLVD.
TAMPA FL 33607

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TSDV	<input type="checkbox"/> DELETE
NAME	TORRENCE, JOHN A	
STREET ADDRESS	5016 AVENUE AVIGNON	
CITY-ST-ZIP	LUTZ FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SHARP, ROBERT R	
STREET ADDRESS	18710 PEPPER PIKE LANE	
CITY-ST-ZIP	LUTZ FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	OBRIEN, THOMAS E	
STREET ADDRESS	13821 CYPRESS VILLAGE CT	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TOMLIN, JOHN A.	
STREET ADDRESS	18008 CLEAR LAKE DR.	
CITY-ST-ZIP	LUTZ FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCMUTRIE, JENNIFER K.	
STREET ADDRESS	2847 1ST ST NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BAKEWELL, KEVIN W.	
STREET ADDRESS	12594 92ND WAY NORTH	
CITY-ST-ZIP	LARGO FL	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33549
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33549
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	13821 Cypress Village Circle
3.3 STREET ADDRESS	33624
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	33549
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	33704
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	34643

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 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, Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Torrence, Sr. VP 3/4/97 (813) 289-5902

Date

Daytime Phone # 0047443

CF2E037 (9/96)