

SECOND NOTICE: CORPORATION WILL BE DISSOLVED IN OR AFTER AUGUST 10, 1994.
 AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**APPROVED
AND
FILED**

94 AUG 25 AM 10: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F72625** (9)

1. Corporation Name
A GEORGIA LIABILITY AUTO INSURANCE AGENCY OF SAVANNAH, INC.

Mailing Address: ~~499 SR 434~~
~~SUITE #2039~~
ALTAMONTE SPRGS FL 32714

Principal Place of Business: ~~499 SR 434~~
~~SUITE #2039~~
ALTAMONTE SPRGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quasiest 03/18/1982	3a. Date of Last Report 04/21/1993
4. FEI Number 58-1460757	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	6. Earnings Can Post Financials <input type="checkbox"/> Earnings Can Post <input type="checkbox"/>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Mailing Address 21 1211 Bull St.	2a. Principal Place of Business 26 1211 Bull St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Savannah GA	City & State 28 Savannah GA
Zip 24 31401	Country 25
Country 25	Zip 29 31401
Country 25	Country 30

9. Name and Address of Current Registered Agent

**SHERZER MARVIN
211 ARLINGTON WAY
ORMOND BCH FL 32176**

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 or Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits the 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 or 617.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

11 TITLE	P/D
12 NAME	SHERZER MARVIN
13 STREET ADDRESS	211 ARLINGTON WAY
14 CITY, ST, ZIP	ORMOND BEACH FL 32176
21 TITLE	Sety
22 NAME	Royce M. Middlebrooks
23 STREET ADDRESS	1211 Bull St.
24 CITY, ST, ZIP	Savannah, Ga
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

13. CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the corporation stated on this form. I do hereby certify that the information included in this annual report or supplemental annual report is true and accurate and that my signature on this form certifies that I am a director of the corporation or the registered agent of the corporation and that my name appears as Block 21 or Block 22 of this report or supplemental report. I do hereby certify that my name appears as Block 21 or Block 22 of this report or supplemental report with an address.

SIGNATURE: *Marvin Sherzer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(912) 238-1212