

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F76090 (2)
1. Corporation Name
MR. AUTO INSURANCE OF WINTER GARDEN, INC.



Principal Place of Business
% TOM VEAL
P.O. BOX 771488
WINTER GARDEN FL 34777-8488

Mailing Address
% TOM VEAL
P.O. BOX 771488
WINTER GARDEN FL 34777-8488

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/13/1982

4. FEI Number 59-2116225
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 owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 12750 W. COLONIAL DR.
Suite, Apt. #, etc.
22
City & State
23 WINTER GARDEN FL.
Zip Country
24 34787 25 ORANGE
2a. Mailing Address
26 P.O. Box 771488
Suite, Apt. #, etc.
27
City & State
28 WINTER GARDEN FL.
Zip Country
29 34787 30 ORANGE

9. Name and Address of Current Registered Agent
THOMAS, JOYCE
12750 W COLONIAL DRIVE
WINTER GARDEN FL 34787

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	THOMAS, MARINO	950 E HWY 50	WINTER GRDN, FL 00000	<input type="checkbox"/>
S	THOMAS, JOYCE	950 E HWY 50	WINTER GRDN, FL 00000	<input type="checkbox"/>
D	VEAL, TOM	950 E HWY 50	WINTER GRDN, FL 00000	<input type="checkbox"/>
T	THOMAS, MICHAEL	950 E HWY 50	WINTER GRDN, FL 00000	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

1/10/98

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CR2E034 (10/97)