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Apr 26, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000000814

1. Corporation Name
AUTO CLUB OF AMERICA, CORP.

Principal Place of Business
~~PO BOX 21442~~
9411 N. GEORGIA
OKLAHOMA CITY OK 73120

Mailing Address
P.O. BOX 21443
OKLAHOMA CITY OK 73156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1995

4. FEI Number

84-1054320

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 the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VP
NAME	BELZ, BUD	1.2 NAME	JOE BELZ
STREET ADDRESS	9411 N. GEORGIA	1.3 STREET ADDRESS	9411 N. GEORGIA
CITY-ST-ZIP	OKLAHOMA CITY OK 73120	1.4 CITY-ST-ZIP	OKLAHOMA CITY, OK 73120
TITLE	TR	2.1 TITLE	
NAME	HENDERSON, DAVID	2.2 NAME	
STREET ADDRESS	3120 W. BRITTON RD, SUITE 201	2.3 STREET ADDRESS	
CITY-ST-ZIP	OKLAHOMA CITY-OK 73120	2.4 CITY-ST-ZIP	
TITLE	SC	3.1 TITLE	
NAME	BRUCE, DONNA	3.2 NAME	
STREET ADDRESS	9411 N. GEORGIA	3.3 STREET ADDRESS	
CITY-ST-ZIP	OKLAHOMA OK 73120	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	BELZ, BOB	4.2 NAME	
STREET ADDRESS	3031 W. MARCH LN, STE 123-S	4.3 STREET ADDRESS	
CITY-ST-ZIP	STOCKTON 95 219	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	WIGGINS, BENJAMIN	5.2 NAME	
STREET ADDRESS	4701 DATE AVENUE CONDO 124	5.3 STREET ADDRESS	
CITY-ST-ZIP	LA MESA CA 91941	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	GRINDE, HENRY	6.2 NAME	
STREET ADDRESS	440 ROUTE 198	6.3 STREET ADDRESS	
CITY-ST-ZIP	WOODSTOCK VALLEY CT 06282	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

B. S. BELZ (BUD BELZ)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

Date

405/751-4430

Daytime Phone #

CR2E034 (11/98)