

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

FILED

Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000000902 (4)

1. Corporation Name

AUTOSURANCE OF AMERICA, INC.



Principal Place of Business

825 CROSSOVER LANE, STE. 112  
MEMPHIS TN 38117

Mailing Address

825 CROSSOVER LANE, STE. 112  
MEMPHIS TN 38117-4936

3. Date Incorporated or Qualified

02/22/1996

3a. Date of Last Report

NA

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

USA

28 Zip

Country

USA

4. FEI Number

APPLIED FOR 62-1639246

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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 of registered agent and true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PC	<input checked="" type="checkbox"/> DELETE
NAME	GRAY, CHARLES H III	
STREET ADDRESS	825 CROSSOVER LANE, STE. 112	
CITY- ST- ZIP	MEMPHIS TN 38117	
TITLE	SDT	<input checked="" type="checkbox"/> DELETE
NAME	BARHAM, ELENA	
STREET ADDRESS	825 CROSSOVER LANE, STE. 112	
CITY- ST- ZIP	MEMPHIS TN 38117	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZANONE, PHILIP R	
STREET ADDRESS	825 CROSSOVER LANE, STE. 112	
CITY- ST- ZIP	MEMPHIS TN 38117	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James E. Farmer	
1.3 STREET ADDRESS	825 Crossover Lane, Ste. 112	
1.4 CITY- ST- ZIP	Memphis, TN 38117-4936	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Barham, Elena	
2.3 STREET ADDRESS	825 Crossover Lane, Ste. 112	
2.4 CITY- ST- ZIP	Memphis, TN 38117-4936	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Davis, Brookland F.	
3.3 STREET ADDRESS	825 Crossover Lane, Ste. 112	
3.4 CITY- ST- ZIP	Memphis, TN 38117-4936	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97

Date

981 680-9100

Daytime Phone #

0477182

CR2E034 (9/96)