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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **G73970** **(7)**

1. Corporation Name

~~A NON-AUTO~~ CASH REGISTER AUTO INSURANCE OF ESCAMBIA CO., INC.

Principal Place of Business	Mailing Address
% LLOYD E. REGISTER 1535 N MAITLAND AVE MAITLAND FL 32751	% LLOYD E. REGISTER 1535 N MAITLAND AVE MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1983
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-2346192 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

REGISTER, LLOYD E.
1535 N MAITLAND AVE
MAITLAND FL 32751

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	11 TITLE	☒ Change ☐ Addition
NAME	REGISTER, LLOYD E	12 NAME	Lloyd E. Register III
STREET ADDRESS	1535 MAITLAND AVE.	13 STREET ADDRESS	1995
CITY-ST-ZIP	MAITLAND FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	REGISTER, SHARON	22 NAME	000001478290
STREET ADDRESS	1535 MAITLAND AVE.	23 STREET ADDRESS	-05/04/95--01118--006
CITY-ST-ZIP	MAITLAND FL	24 CITY-ST-ZIP	****208.75 ****208.75
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	GILSTRAP, TRINKA M.	32 NAME	
STREET ADDRESS	588 TALLOW TREE DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	34 CITY-ST-ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	PACE, ERICK	42 NAME	
STREET ADDRESS	1535 N. MAITLAND AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☒ Addition
NAME		52 NAME	DC Lloyd E. Register
STREET ADDRESS		53 STREET ADDRESS	1535 N. Maitland Avenue
CITY-ST-ZIP		54 CITY-ST-ZIP	Maitland, FL 32751
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Erick Pace Erick Pace 4/27/95 407 260 2220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

000180 CP