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Apr 15 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 # **G73970** **(7)**

1. Corporation Name
"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 32751-3317

3. Date Incorporated or Qualified: **12/09/1983**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **59-2346192** ☐ 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

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

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 _____ (Signature, typed or printed name of person signing) (NOTE: Registered Agent signature is required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DV	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	REGISTER, LLOYD E IV		1.2 NAME			
STREET ADDRESS	1535 MAITLAND AVE.		1.3 STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL		1.4 CITY-ST-ZIP			
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	REGISTER, SHARON		2.2 NAME			
STREET ADDRESS	1535 MAITLAND AVE.		2.3 STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL		2.4 CITY-ST-ZIP			
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	GILSTRAP, TRINKA M.		3.2 NAME			
STREET ADDRESS	588 TALLOW TREE DRIVE		3.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP			
TITLE	ST	☐ DELETE	4.1 TITLE	Director	☐ Change	☒ Addition
NAME	PACE, ERICK		4.2 NAME			
STREET ADDRESS	1535 N. MAITLAND AVE.		4.3 STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL 32751		4.4 CITY-ST-ZIP			
TITLE	DC	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME	REGISTER, LLOYD E		5.2 NAME			
STREET ADDRESS	1535 N. MAITLAND AVE		5.3 STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL 32751		5.4 CITY-ST-ZIP			
TITLE	V	☒ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME	REGISTER, TIMOTHY Z		6.2 NAME			
STREET ADDRESS	1535 N MAITLAND AVE.		6.3 STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL 32751		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: Lloyd E. Register Lloyd E. Register Pres 4/2 2197

CR2E034 (9/96)