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May 01 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 # G84507 1. Corporation Name A AAALL AMERICAN INSURANCE, INC.			
Principal Place of Business 200 BEVERLY PARKWAY PENSACOLA, FL 32505		Mailing Address 200 BEVERLY PARKWAY PENSACOLA, FL 32505	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
3. Date Incorporated or Qualified 02/13/84		3a. Date of Last Report 04/28/96	
4. FEI Number 59-2443048		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 HALL, RICK W. 200 BEVERLY PARKWAY PENSACOLA, FL 32505		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 <i>Rick W. Hall</i> <i>Rick W. Hall</i> <i>President</i> <i>RW</i> Signature (typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE P/D ☐ DELETE NAME HALL, RICK W. STREET ADDRESS 2345 SILVERSIDES LOOP CITY-ST-ZIP PENSACOLA, FL 32526 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition 11 TITLE P/D 12 NAME HALL, RICK W. 13 STREET ADDRESS 803 CARY MEMORIAL DRIVE 14 CITY-ST-ZIP PENSACOLA, FL 32505 15 TITLE ☐ Change ☐ Addition 16 NAME 17 STREET ADDRESS 18 CITY-ST-ZIP 19 TITLE ☐ Change ☐ Addition 20 NAME 21 STREET ADDRESS 22 CITY-ST-ZIP 23 TITLE ☐ Change ☐ Addition 24 NAME 25 STREET ADDRESS 26 CITY-ST-ZIP 27 TITLE ☐ Change ☐ Addition 28 NAME 29 STREET ADDRESS 30 CITY-ST-ZIP 31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 35 TITLE ☐ Change ☐ Addition 36 NAME 37 STREET ADDRESS 38 CITY-ST-ZIP 39 TITLE ☐ Change ☐ Addition 40 NAME 41 STREET ADDRESS 42 CITY-ST-ZIP 43 TITLE ☐ Change ☐ Addition 44 NAME 45 STREET ADDRESS 46 CITY-ST-ZIP 47 TITLE ☐ Change ☐ Addition 48 NAME 49 STREET ADDRESS 50 CITY-ST-ZIP 51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 55 TITLE ☐ Change ☐ Addition 56 NAME 57 STREET ADDRESS 58 CITY-ST-ZIP 59 TITLE ☐ Change ☐ Addition 60 NAME 61 STREET ADDRESS 62 CITY-ST-ZIP 63 TITLE ☐ Change ☐ Addition 64 NAME 65 STREET ADDRESS 66 CITY-ST-ZIP 67 TITLE ☐ Change ☐ Addition 68 NAME 69 STREET ADDRESS 70 CITY-ST-ZIP 71 TITLE ☐ Change ☐ Addition 72 NAME 73 STREET ADDRESS 74 CITY-ST-ZIP 75 TITLE ☐ Change ☐ Addition 76 NAME 77 STREET ADDRESS 78 CITY-ST-ZIP 79 TITLE ☐ Change ☐ Addition 80 NAME 81 STREET ADDRESS 82 CITY-ST-ZIP 83 TITLE ☐ Change ☐ Addition 84 NAME 85 STREET ADDRESS 86 CITY-ST-ZIP 87 TITLE ☐ Change ☐ Addition 88 NAME 89 STREET ADDRESS 90 CITY-ST-ZIP 91 TITLE ☐ Change ☐ Addition 92 NAME 93 STREET ADDRESS 94 CITY-ST-ZIP 95 TITLE ☐ Change ☐ Addition 96 NAME 97 STREET ADDRESS 98 CITY-ST-ZIP 99 TITLE ☐ Change ☐ Addition 100 NAME 101 STREET ADDRESS 102 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)(c), 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: RICK W. HALL <i>Rick W. Hall</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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04-28-97

904-432-7511

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