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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90225 044 \*\*\*150.00

DOCUI	MENI # H29348				
1. Corporation Name  AAA BUDGET INSURANCE SERVICES, INC.					
AAA ROL	GET INSUHANCE SERVICE	ES, INC.		( ) A A C A S   MAR   LE A A A A B B B   LL ( ) \$188   LE ( ) \$188	. Starr madte arant MrMat diSta todi
Principal Place	e of Business	Mailing Address		. (diffille atta train (dina sette name (d.) anat	' atfit Eist aidt siett azzu raa.
4345 UNIVERSIT	TY BLVD. S.	4345 UNIV. BLVD. SOUTH			
5		STE .5			
JACKSONVILLE FL 32216		JAX FL 32216		DO NOT WRITE IN TH	IS SPACE
US		US		3, Date Incorporated or Qualifed	
				11/08/1984 4. FEI Number	Applied For
2. Principat Pl	lace of Business	2a. Mailing Address		59-2526684	Not Applicable
21		26		39-2320004	\$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
22		City & State		FI dia Garagia Figuraia	
City & State	е	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country 30	This corporation owes the current year     Personal Property Tax.	Intangible
24	9. Name and Address of Curre		30	10. Name and Address of New Registers	
	9. Name and Address of Curren	it vadizieien vaeiit	81 Name	10. 110.110	
JOSE	EPH, LAURIE ANN				
4345-5 UNIVERSITY BLVD. S.			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	{
JACKSONVILLE FL 32216			83		
			84 City	F	85 Zip Code
44 Dussiant	to the provisions of Sections 607.050	22 and 607 1508. Florida Statute	s the above-named com-	oration submits this statement for the numose	of changing its registered
office or r	egistered agent, or both, in the State	of Florida. Such change was au	thorized by the corporation	on's board of directors. I hereby accept the app	ointment as registered
agent. I a	m familiar with, and accept the obligi	ations of Section 607.0305, Flori	ca statutes.	50M 1-1	)-90
SIGNATURE	Signature, typed or printed name of registered get	ent and office if apolicable. (NOTE: I	Registered Agent signature required	which reinstating) DATE	<u>*                                    </u>
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JOSEPH, LAURIE ANN		1.2 NAME		}
STREET ADDRESS	AGAS LIMINEDOSTY DI VIO. C. CHITE S		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		14 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 T/TLE		☐ Change ☐ Addition
NAME			2.2 NAME		, was week
STREET ADDRESS	{		2.3 STREET ADDRESS		}
CITY-ST-ZIP			2.4 C(TY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		ĺ
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		}
STREET ADDRESS			4.3 STREET ADDRESS	•	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		·
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	1		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
	1		64 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 chapted, or on an attachment with an address, with all other like empowered.