FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
... 23 AM ...
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H32915 (1)

1. Corporation Name

A GEORGIA LIABILITY AUTO INSURANCE AGENCY OF AUG USTA, INC.

Principal Place of Business	Mailing Address
954 BROAD ST AUGUSTA GA 3091 US	211 ARLINGTON WAY ORMOND BCH FL 32179 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 58-1596380 — 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 / Suite, Apt. # etc. / City & State / Zip / Country (fields 21–30 blank)

9. Name and Address of Current Registered Agent

SHELZER, MARVIN
211 ARLINGHTON WAY
ORMOND BCH FL 32717

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 ______

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHERZER, MARVIN
STREET ADDRESS	211 ARLINGTON WAY
CITY-ST-ZIP	ORMOND BCH FL
TITLE	S
NAME	JOHNSON, TERESA
STREET ADDRESS	954 BROAD STREET
CITY-ST-ZIP	AUGUSTA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition (blank)

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: Teresa Johnson — 5/19/95 — 706-722-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

0404439 FP