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FILED

May 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 # H86960 (2)

1. Corporation Name
AMERICAN UNDERWRITING MANAGEMENT, INC.



Principal Place of Business
220 S. RIDGEWOOD AVE.
P O DRAWER 2412
DAYTONA BEACH FL 32115
US

Mailing Address
220 S. RIDGEWOOD AVE.
P O DRAWER 2412
DAYTONA BEACH FL 32115-2412
US

3. Date Incorporated or Qualified
11/26/1985

3a. Date of Last Report
04/30/1996

4. FEI Number
59-2604340

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
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

LENFESTY, LAUREL J
401 E JACKSON ST
SUITE 1700
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
Laurel L. Grammig

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 *Laurel L. Grammig* 3/28/97
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	NAME	BROWN, J. HYATT	STREET ADDRESS	220 S. RIDGEWOOD AVE.	CITY-ST-ZIP	DAYTONA BCH. FL	<input type="checkbox"/> DELETE
TITLE	DV	NAME	THOMAS, ROBERT III	STREET ADDRESS	220 S. RIDGEWOOD AVE.	CITY-ST-ZIP	DAYTONA BCH. FL	<input type="checkbox"/> DELETE
TITLE	S	NAME	LENFESTY, LAUREL J	STREET ADDRESS	401 E JACKSON ST SUITE 1700	CITY-ST-ZIP	TAMPA FL	<input type="checkbox"/> DELETE
TITLE	VP	NAME	HILL, KENNETH	STREET ADDRESS	220 S. RIDGEWOOD AVE.	CITY-ST-ZIP	DAYTONA BCH. FL	<input type="checkbox"/> DELETE
TITLE	T	NAME	JIM W. HENDERSON	STREET ADDRESS	220 S RIDGEWOOD AVE	CITY-ST-ZIP	DAYTONA BEACH FL	<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Laurel L. Grammig
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Laurel L. Grammig* 3/21/97 813-222-4277
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)