

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**

95 APR 26 AM 10:14

DOCUMENT # J16567 (6)

1. Corporation Name

ACCIDENT AND INDUSTRIAL INJURY ASSOCIATES, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**275 WILLIAMSON BLVD
P O BOX 11770 (32120)
DAYTONA BCH FL 32117
US**

Mailing Address

**275 WILLIAMSON BLVD
P O BOX 11770 (32120)
DAYTONA BCH FL 32117
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/22/1986

3a. Date of Last Report

02/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

32114

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

32114

Country

30

4. FEI Number

59-2652118

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

10. Name and Address of New Registered Agent

**FRONSTIN, FRED
1033 S. RIDGEWOOD AVE.
DAYTONA BEACH FL 32014**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
FRONSTIN, FRED
1033 S. RIDGEWOOD AVE.
DAYTONA BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VST
BROWN, NEIL M.
667 BEVILLE RD. SUITE B
SO. DAYTONA FL**

TITLE
STREET ADDRESS
CITY - ST - ZIP

**President
Bruce R. Guerin
275 Williamson Blvd.
Daytona Beach, FL 32114**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**Sec/Treas
Janette DeLapa
275 Williamson Blvd.
Daytona Beach, FL 32114**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Daytona Beach, FL 32114

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Daytona Beach, FL 32114

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

Director

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Director

☒ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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 110.07(3)(k), 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:

Janette DeLapa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janette DeLapa

4/20/95

(904) 254-7800