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 MAY -1 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****208.75 ****208.75

DO NOT WRITE IN THIS SPACE

DOCUMENT # **J22051** **(3)**

1. Corporation Name

~~AAAH AUTO~~ FRIENDLY AUTO INSURANCE OF EDGEWATER, INC.

Principal Place of Business	Mailing Address
% LLOYD E. REGISTER 1535 N. MAITLAND AVE. MAITLAND FL 32751	% LLOYD E. REGISTER 1535 N. MAITLAND AVE. MAITLAND FL 32751

3. Date Incorporated or Qualified: **06/27/1986**
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: **59-2653981** ☐ 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 equity for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

REGISTER, LLOYD E.
1535 N. MAITLAND AVE.
MAITLAND FL 32751

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 _____ (NOTE: Registered Agent signature required when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	V	☒ Change ☐ Addition
NAME	WEBB, KURTIS	12 NAME		
STREET ADDRESS	6325 N ORANGE BLSM TRAIL	13 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP		
TITLE	DC	21 TITLE		☐ Change ☐ Addition
NAME	REGISTER, LLOYD E.	22 NAME		
STREET ADDRESS	1535 N. MAITLAND AVE.	23 STREET ADDRESS		
CITY ST ZIP	MAITLAND FL	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	REGISTER, SHARON	32 NAME		
STREET ADDRESS	1535 N. MAITLAND AVE.	33 STREET ADDRESS		
CITY ST ZIP	MAITLAND FL	34 CITY ST ZIP		
TITLE	ST	41 TITLE		☐ Change ☐ Addition
NAME	PACE, ERICK	42 NAME		
STREET ADDRESS	1535 N MAITLAND AVENUE	43 STREET ADDRESS		
CITY ST ZIP	MAITLAND FL	44 CITY ST ZIP		
TITLE		51 TITLE	DV	☐ Change ☒ Addition
NAME		52 NAME	LLOYD E REGISTER IV	
STREET ADDRESS		53 STREET ADDRESS	1535 N. MAITLAND AVE	
CITY ST ZIP		54 CITY ST ZIP	MAITLAND FL 32751	
TITLE		61 TITLE	P	☐ Change ☒ Addition
NAME		62 NAME	TIMOTHY REGISTER	
STREET ADDRESS		63 STREET ADDRESS	1299 E. ALTAMONTE DRIVE	
CITY ST ZIP		64 CITY ST ZIP	ALTAMONTE SPRINGS FL 32701	

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 the 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 14 if changed, or on an attachment with an address.

SIGNATURE: Erick Pace 4/27/95 407 260 2331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Telephone Number)

0041000 CP