FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # J22051 (3)

1. Corporation Name
FRIENDLY AUTO INSURANCE OF EDGEWATER, INC.

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

Mailing Address
% LLOYD E. REGISTER
1535 N. MAITLAND AVE.
MAITLAND FL 32751

3. Date Incorporated or Qualified: 06/27/1986
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business 21 — Suite, Apt. #, etc 22 — City & State 23 — Zip 24 — Country 25
2a. Mailing Address 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 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 liability 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 ______ 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	V	☑ DELETE
NAME	WEBB, KURTIS	
STREET ADDRESS	6325 N ORANGE BLSM TRAIL	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DC	☐ DELETE
NAME	REGISTER, LLOYD E.	
STREET ADDRESS	1535 N. MAITLAND AVE.	
CITY-ST-ZIP	MAITLAND FL	
TITLE	D	☐ DELETE
NAME	REGISTER, SHARON	
STREET ADDRESS	1535 N. MAITLAND AVE.	
CITY-ST-ZIP	MAITLAND FL	
TITLE	ST	☐ DELETE
NAME	PACE, ERICK	
STREET ADDRESS	1535 N MAITLAND AVENUE	
CITY-ST-ZIP	MAITLAND FL	
TITLE	DV	☐ DELETE
NAME	REGISTER, LLOYD E IV	
STREET ADDRESS	1535 N MAITLAND AVENUE	
CITY-ST-ZIP	MAITLAND FL	
TITLE	P	☐ DELETE
NAME	REGISTER, TIMOTHY	
STREET ADDRESS	1299 E ALTAMONTE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ 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	800001817478 -05/13/96--01006--046 ***208.75	☐ 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 119.07(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: Erick Pace ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Erick Pace 4/16/96 407 260 2220
Date — Daytime Phone #

CR2E034 (12/95)