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FILED

Apr 14 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 # J22051 (3)  
1. Corporation Name  
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 32751-3317



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

3. Date Incorporated or Qualified

06/27/1986

3a. Date of Last Report

05/01/1996

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

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC  
NAME REGISTER, LLOYD E.  
STREET ADDRESS 1535 N. MAITLAND AVE.  
CITY-ST-ZIP MAITLAND FL

☐ DELETE

TITLE D  
NAME REGISTER, SHARON  
STREET ADDRESS 1535 N. MAITLAND AVE.  
CITY-ST-ZIP MAITLAND FL

☒ DELETE

TITLE ST  
NAME PACE, ERICK  
STREET ADDRESS 1535 N MAITLAND AVENUE  
CITY-ST-ZIP MAITLAND FL

☐ DELETE

TITLE DV  
NAME REGISTER, LLOYD E IV  
STREET ADDRESS 1535 N MAITLAND AVENUE  
CITY-ST-ZIP MAITLAND FL

☐ DELETE

TITLE P  
NAME REGISTER, TIMOTHY  
STREET ADDRESS 1299 E ALTAMONTE DRIVE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE: [Signature]

2/18/97 400 2653981

CR2E034 (9/96)