FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

WINTER HAVEN FL 33884



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

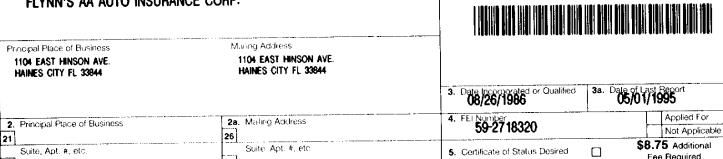
DIVISION OF CORPORATIONS

1996 DOCUMENT #

J31252

(6)

1. Corporation Name
FLYNN'S AA AUTO INSURANCE CORP.



Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 🔲 Yes 💹 No Country Country $Z_{\rm ID}$ Ζıρ 30 29 25 24 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

10. Name and A

FLYNN, MICHAEL F.

2111 AUTUMN LEAF LN

10. Name and A

81 Name

82 Street Address (P.O. Box Numbo

£1	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
64	City	85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes fine 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. Thereby accept the appointment as registered agent. I am femiliar with accept the obligations of Section 607.0505. Florida Statutes

S'GNATURE (Pruhal Felyn	94 apr (500)	el F. FLYNN	water in creatings	CHATE DIDECTO	DS IN: 19
12.	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO C	Change	Addition
TITLE	PSD -	DELETE	1 1 Til ,E		Criange	☐ N30'.1011
NAME	FLYNN, MICHAEL F.		1.2 NAME			
STREET ADDRESS	2111 AUTUMN LEAF LN		1.3 STEFET ADDRESS			
CHTY - \$1 - ZIP	WINTER HAVEN FL 33884		1.4 CIT + ST-ZIP		F 0	
TITLE	VID	☐ DELETE	2 1 TULE		Change	☐ Addit∈on
NAMÉ :	FLYNN, KATHY M.		2.2 NAIRE			
STREET ADDRESS	2111 AUTUMN LEAF LN		2.3 STEEET ADDRESS			
CITY - ST-ZIP	WINTER HAVEN FL 33884		2.4 CITY - ST - 7.P			
TITLE		DELETE	3 1 ft ^a .E		Change	☐ Addition
NAME			3.2 NA VE			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-7:P			3.4 CHY+S1-7/P			
TITLE		[T] DELFTE	: 4 1 TI LE		☐ Change	☐ Addition
NAME			42 NAME			
STREET ADDRESS			4.3 STHEET ADDRESS			
CITY-ST-ZIP			4.4.0 E.YSTZIP			
TITLE		DELETE	5 1 Tt 'LE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
=			5.4 Cu Yi ST-ZiP			<u></u>
CITY-SI-ZIP		DELETE	6 1 TILLE		☐ Change	Addition
			62 N/ME			
NAME			63 STREET ADDRESS			
STREET ADDRESS			CACILL ST 700			

14. If 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 supplied enter 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 or 9 a quarkiment with an address

SIGNATURE: Muhaus Flynn resident signature and typed or printed name of signific officer on direct

1/23/96 (941) 422-4941