

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J31252 (6)

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



Principal Place of Business  
1104 EAST HINSON AVE.  
HAINES CITY FL 33844

Mailing Address  
1104 EAST HINSON AVE.  
HAINES CITY FL 33844

3. Date Incorporated or Qualified 08/26/1986	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2718320	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

FLYNN, MICHAEL F.  
2111 AUTUMN LEAF LN  
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Michael Flynn* Michael F. Flynn, President

4/23/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	NAME
NAME	STREET ADDRESS	12. NAME	13. STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	14. CITY-ST-ZIP	15. CITY-ST-ZIP
TITLE	NAME	2. TITLE	NAME
NAME	STREET ADDRESS	22. NAME	23. STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	24. CITY-ST-ZIP	25. CITY-ST-ZIP
TITLE	NAME	3. TITLE	NAME
NAME	STREET ADDRESS	32. NAME	33. STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	34. CITY-ST-ZIP	35. CITY-ST-ZIP
TITLE	NAME	4. TITLE	NAME
NAME	STREET ADDRESS	42. NAME	43. STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	44. CITY-ST-ZIP	45. CITY-ST-ZIP
TITLE	NAME	5. TITLE	NAME
NAME	STREET ADDRESS	52. NAME	53. STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	54. CITY-ST-ZIP	55. CITY-ST-ZIP
TITLE	NAME	6. TITLE	NAME
NAME	STREET ADDRESS	62. NAME	63. STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	64. CITY-ST-ZIP	65. CITY-ST-ZIP

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: *Michael Flynn* President  
Michael F. Flynn

4/23/96 (941) 422-4941

CR2E034 (12/95)