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Mar 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L27630** (7)

1. Corporation Name  
**AMERICAN INSURANCE - ROOSEVELT, INC.**

Principal Place of Business	Mailing Address
<b>5211 TIMUQUANA RD STE 6 JACKSONVILLE FL 32210 US</b>	<b>5211 TIMUQUANA RD STE 6 JACKSONVILLE FL 32210-8096 US</b>

3. Date Incorporated or Qualified <b>11/06/1989</b>	3a. Date of Last Report <b>04/23/1996</b>
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2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Name and Address of Current Registered Agent

**HILL JR, RICHARD L.  
5211 TIMUQUANA RD #6  
JACKSONVILLE FL 32210**

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip Country

30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

SIGNATURE

Signature type and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **HILL, RICHARD L JR**  
CITY- ST- ZIP **5211 TIMUQUANA RD #6**  
**JACKSONVILLE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
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NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0033530

CR2E034 (9/96)