

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$125 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 16 PM 11:35

DOCUMENT # L59754 (6)

1. Corporation Name

STATEWIDE AUTO INSURANCE, INC.

Principal Place of Business

**2230 SE FEDERAL HWY
STUART FL 34994**

Mailing Address

**2230 SE FEDERAL HWY
STUART FL 34994**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/20/1990

3a. Date of Last Report
07/14/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number
65-0192615

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

**THOMAS P BEEGLE III
2230 SE FEDERAL HWY
STUART FL 34994**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 his or her officer

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

**TITLE DP
NAME BEEGLE, THOMAS P.
STREET ADDRESS 1344 NW SPRUCE RIDGE DR
CITY - ST - ZIP STUART FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**61 TITLE
62 NAME
63 STREET ADDRESS
64 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 manager 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:

Thomas P. Beegle III
Thomas P. Beegle III / Pres

06/12/95

407-221-0555