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95 MAY - 1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **L59822** **(1)**

1. Corporation Name

A ABACUS MR. AUTO INSURANCE OF PORT CHARLOTTE, INC.

Principal Place of Business	Mailing Address
% TOM VEAL 3265-A TAMIAMI TRAIL PORT CHARLOTTE FL 33952	% TOM VEAL 3265-A TAMIAMI TRAIL PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1990
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 65-0190949 ☐ 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

LINDBACK, CHARLES L.
3265-A TAMIAMI TRAIL
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and date (required) NOTE: Registered Agent Signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	VEAL, TOM	12 NAME	
STREET ADDRESS	3265-A TAMIAMI TRAIL	13 STREET ADDRESS	
CITY ST ZIP	PORT CHARLOTTE FL	14 CITY ST ZIP	
TITLE	SCM	21 TITLE	☐ Change ☐ Addition
NAME	LINDBACK, CHARLES L.	22 NAME	
STREET ADDRESS	3265-A TAMIAMI TRAIL	23 STREET ADDRESS	
CITY ST ZIP	PORT CHARLOTTE FL	24 CITY ST ZIP	
TITLE	DPT	31 TITLE	☐ Change ☐ Addition
NAME	LINDBACK, CHARLES L.	32 NAME	
STREET ADDRESS	3265-A TAMIAMI TRAIL	33 STREET ADDRESS	
CITY ST ZIP	PORT CHARLOTTE FL	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	LINDBACK, GLORIA R.	42 NAME	
STREET ADDRESS	3265-A TAMIAMI TRAIL	43 STREET ADDRESS	
CITY ST ZIP	PORT CHARLOTTE FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LINDBACK, DAVID C.	52 NAME	
STREET ADDRESS	4148 PALM BEACH BLVD	53 STREET ADDRESS	
CITY ST ZIP	FT. MYERS FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: _____ 4-28-95 8136248685
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

0329704 CP