

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 # **L69367** (5)

1. Corporation Name

**FRIENDLY AUTO INSURANCE OF COCOA, INC.**



Principal Place of Business

**ALLOYD E. REGISTER  
1535 N. MAITLAND AVE  
MAITLAND FL 32751**

Mailing Address

**ALLOYD E. REGISTER  
1535 N. MAITLAND AVE  
MAITLAND FL 32751**

3. Date Incorporated or Qualified  
**04/30/1990**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number

**59-2994211**

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

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

**REGISTER, LLOYD E  
1535 N. MAITLAND AVE  
MAITLAND FL 32751**

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

Signature typed or printed name of registered agent, if different from signature

DATE: Registered Agent's signature required when filing

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE  
NAME **BACHELLER, CHRISTOPHER**  
STREET ADDRESS **442 CANDLESTICK AVE NE**  
CITY-STATE-ZIP **PALM BAY FL**

TITLE **DC** ☐ DELETE  
NAME **REGISTER, LLOYD E**  
STREET ADDRESS **507 FORESTWOOD COURT**  
CITY-STATE-ZIP **MAITLAND FL**

TITLE **D** ☐ DELETE  
NAME **REGISTER, SHARON**  
STREET ADDRESS **507 FORESTWOOD COURT**  
CITY-STATE-ZIP **MAITLAND FL**

TITLE **ST** ☐ DELETE  
NAME **PACE, ERIC**  
STREET ADDRESS **1535 N. MAITLAND AVENUE**  
CITY-STATE-ZIP **MAITLAND FL 32751**

TITLE **DV** ☐ DELETE  
NAME **REGISTER, LLOYD E IV**  
STREET ADDRESS **1535 N. MAITLAND AVENUE**  
CITY-STATE-ZIP **MAITLAND FL 32751**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

7.1 TITLE  
7.2 NAME  
7.3 STREET ADDRESS  
7.4 CITY-STATE-ZIP

8.1 TITLE  
8.2 NAME  
8.3 STREET ADDRESS  
8.4 CITY-STATE-ZIP

**Erick Pace**

**400001817484  
-05/13/96--01006--050  
\*\*\*208.75**

**Timothy Z. Register  
1535 N. Maitland Ave  
Maitland FL 32751**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Erick Pace 4/16/96 4072602000**

CR2E034 (12/95)