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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # L91918

1. Corporation Name

(7)

MR. AUTO INSURANCE OF PUTNAM COUNTY, INC.

D I Fit		Molliem Addroop					
Principal Place of Business 620 HWY 19 NORTH PALATKA FL 32177		•	Mailing Address 620 HWY 19 NORTH PALATKA FL 32177-2419				
		PALATKA FL 32177-241					
US US				3. Date Incorporated or Qualified 07/24/1990		3a. Date of Last Report 05/01/1996	
2. Principal P	tabu of Business	28. Mailing Address			4. FEI Number		Applied For
<u>                                     </u>		26	······································		59-3037039		Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7	75 Additional e Required
City & State	f)	City & State			6. Election Campaign Financing		.00 May Be
7 <sub>1</sub> p	Country	<b>28</b>	Country		Trust Fund Contribution		ded to Fees
	25	29	30		8. This corporation has liability for in Florida Statutes	ntangible tax und Yes ☐ No	der s. 199.032,
.L		Current Registered Agent			10. Name and Address of New Re		
FILL	WOOD, GARY		81 1	ame		<del></del>	
	HWY 19 NORTH		82 5	troot Addr	ess (P.O. Box Number is Not Acceptab	(0)	·
	ATKA FL 32177		02	treet Audin	ess (P.O. Box Number is Not Acceptable	ie)	
****			83				1
							7:- 0:-1:
			1 1	ity		FL   T	Zip Code
1. Pursuant	to the provisions of Sections 6	07.0502 and 607.1508, Florida Sta	tutes, the above-n	amed corp	poration submits this statement for the place ion's board of directors. I hereby accept	urpose of chang	ing its registere
office or r	egistered agent, or both, in the	e State of Florida. Such change was	as authorized by th	e corporat	ion's board of directors. I hereby accep	ot the appointmen	nt as registered
	ra ra miliar with and accept the	e obligations of Section our .0000,	Florida Statutes.				
SIGNATURE :							
AT CAT OF THE COLUMN	Smootive, typed or oppled name of regis	sered agent and title if applicable #	NO1E: Registered Agent s	onature requir	red when reinstatino)	DATE	
	Signature, typical or printed name of regis OFFICE		NOTE: Registered Agent s	gnature requir		DATE CERS AND DIREC	CTORS IN 12
2.		RS AND DIRECTORS	NOTE: Registered Agent s  13.  1.1 TITLE	gnature requir	red when reinstating) ADDITIONS/CHANGES TO OFFIC		
<b>2.</b> ՄԱ	OFFICE <b>D</b>	RS AND DIRECTORS	13.	gnature requir		ERS AND DIREC	
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