(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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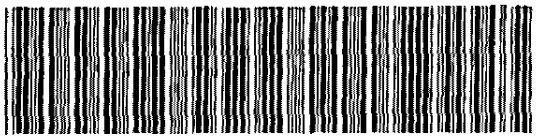

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FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 26 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000035209 (4)

1. Current Name
AUTO OWNERS SERVICE CONTRACT COMPANY, INC.

Principal Place of Business
5309 BLANDING BLVD.
JACKSONVILLE FL 32210

Mailing Address
5309 BLANDING BLVD.
JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1993
3a. Date of Last Report: 03/31/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3192322

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added

8. This corporation has lawfully for intangible [illegible] Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BROOKS, ROBERT M
5309 BLANDING BLVD.
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL Zip

11. Pursuant to the provisions of Sections 607.0501 and 607.1508 Florida Statutes, the above named corporation submits this statement for the purpose of changing [illegible] 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 [illegible] and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [illegible] Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
1 TITLE	D	1 1 TITLE	☐ Delete ☐ Add
1 NAME	BROOKS, ROBERT M	1 2 NAME	
1 STREET ADDRESS	952 LAKE ASBURY DRIVE	1 3 STREET ADDRESS	
1 CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	1 4 CITY-ST-ZIP	
2 TITLE		2 1 TITLE	☐ Delete ☐ Add
2 NAME		2 2 NAME	
2 STREET ADDRESS		2 3 STREET ADDRESS	
2 CITY-ST-ZIP		2 4 CITY-ST-ZIP	
3 TITLE		3 1 TITLE	☐ Delete ☐ Add
3 NAME		3 2 NAME	
3 STREET ADDRESS		3 3 STREET ADDRESS	
3 CITY-ST-ZIP		3 4 CITY-ST-ZIP	
4 TITLE		4 1 TITLE	☐ Delete ☐ Add
4 NAME		4 2 NAME	
4 STREET ADDRESS		4 3 STREET ADDRESS	
4 CITY-ST-ZIP		4 4 CITY-ST-ZIP	
5 TITLE		5 1 TITLE	☐ Delete ☐ Add
5 NAME		5 2 NAME	
5 STREET ADDRESS		5 3 STREET ADDRESS	
5 CITY-ST-ZIP		5 4 CITY-ST-ZIP	
6 TITLE		6 1 TITLE	
6 NAME		6 2 NAME	
6 STREET ADDRESS		6 3 STREET ADDRESS	
6 CITY-ST-ZIP		6 4 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: Robert M Brooks 4-18-95 904 778-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

00167-4 CP