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 MAY -1 PM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000012940 (0)**

1. Corporation Name

ALL DRIVERS INSURANCE, INC.

500001490405
-05/17/95--01036--021
DO ****208.75 TOS ****208.75

Principal Place of Business	Mailing Address
696 1ST AVENUE NORTH SUITE 201 ST PETERSBURG FL 34320	696 1ST AVENUE NORTH SUITE 201 ST PETERSBURG FL 34320

3. Date Incorporated or Qualified: 02/11/1994

3a. Date of Last Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: 59-3237466 — 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

WILKINSON, G. BARRY
696 1ST AVENUE NORTH
SUITE 201
ST PETERSBURG FL 34320

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 _____
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	-0-	1.1 TITLE	D/VP/T	☐ Change ☐ Addition
NAME	WILKINSON, GREGORY T	1.2 NAME		
STREET ADDRESS	530 N GLENWOOD	1.3 STREET ADDRESS		
CITY-ST-ZIP	N MUSKEGON MI 49445	1.4 CITY-ST-ZIP		
TITLE	-0-	2.1 TITLE	D	☐ Change ☐ Addition
NAME	WILKINSON, DEBRA	2.2 NAME		
STREET ADDRESS	530 N GLENWOOD	2.3 STREET ADDRESS		
CITY-ST-ZIP	N MUSKEGON MI 49445	2.4 CITY-ST-ZIP		
TITLE	-0-	3.1 TITLE	D/P/S	☐ Change ☐ Addition
NAME	LINDBACK, DAVID C	3.2 NAME		
STREET ADDRESS	4148 PALM BEACH BLVD	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33916	3.4 CITY-ST-ZIP		
TITLE	-0-	4.1 TITLE	D	☐ Change ☐ Addition
NAME	LINDBACK, LISA K	4.2 NAME		
STREET ADDRESS	4148 PALM BEACH BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33916	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 attached sheet with an address.

SIGNATURE: X [signature] 4-15-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/12

000418 CP