

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 25 1996 8:00 am
Secretary of State

DOCUMENT # P94000060387 (5)

1. Corporation Name

AUTO PRO INSURANCE COMPANY

Principal Place of Business

3802 COCONUT PALM DRIVE
TAMPA FL 33619

Mailing Address

3802 COCONUT PALM DRIVE
TAMPA FL 33619



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/12/1994

3a. Date of Last Report

04/26/1995

4. FEI Number

59-3213815

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

10. Name and Address of New Registered Agent

STATE TREASURER AND INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME LEWIS, PETER B
STREET ADDRESS 27500 CEDAR ROAD
CITY-ST-ZIP BEACHWOOD OH 44122

TITLE TD ☒ DELETE
NAME LEWIS, DANIEL R
STREET ADDRESS 20 LAUREL COURT
CITY-ST-ZIP MORELAND HILLS OH

TITLE D ☐ DELETE
NAME CHOKEL, CHARLES B
STREET ADDRESS 2613 BUTTERWING
CITY-ST-ZIP PEPPER PIKE OH 44124

TITLE PD ☐ DELETE
NAME MCMILLAN, ROBERT J
STREET ADDRESS 809 ORLEANS AVE
CITY-ST-ZIP TAMPA FL

TITLE SD ☐ DELETE
NAME SCHNEIDER, DAVID M
STREET ADDRESS 2767 BELGRAVE ROAD
CITY-ST-ZIP PEPPER PIKE OH

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 6300 Wilson Mills Rd
1.4 CITY-ST-ZIP Mayfield Village, OH 44143

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 6300 Wilson Mills Rd
3.4 CITY-ST-ZIP Mayfield Village, OH 44143

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 3802 Coconut Palm Dr.
4.4 CITY-ST-ZIP Tampa, FL 33619

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 6300 Wilson Mills Rd.
5.4 CITY-ST-ZIP Mayfield Village, OH 44143

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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:

David M. Schneider
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David M. Schneider

4/18/96

216-446-7870

Date

Daytime Phone #

CR2E034 (12/95)