

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

95 AUG -3 AM 9:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000083091 (6)

1. Corporation Name

NATIONAL AUTO INSURANCE SERVICES, INC.

Principal Place of Business

3149 PONCE DE LEON BLVD
SUITE 9
ST AUGUSTINE FL 32086

Mailing Address

3149 PONCE DE LEON BLVD
SUITE 9
ST AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/15/1994

3a. Date of Last Report

2. Principal Place of Business

21 4475 U.S. 1 South

2a. Mailing Address

26 4475 U.S. 1 South

4. FEI Number

59 3280128

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fees Required

22 Suite 402

27 Suite 402

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

City & State

City & State

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

23 St. Augustine, FL

28 St. Augustine, FL

Zip

Country

Zip

Country

24 32086

25 USA

29 32086

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOPER, JAMES W
3149 PONCE DE LEON BLVD
SUITE 9
ST AUGUSTINE FL 32086

81 Name

Cooper, James W.

82

Street Address (P.O. Box Number is Not Acceptable)

4475 U.S. 1 South

83

Suite 402

84

City St. Augustine

FL

85 Zip Code 32086

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 fee if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	COOPER, JAMES W
STREET ADDRESS	952 LEW BLVD
CITY - ST - ZIP	ST AUGUSTINE FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 110.07(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 this 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:

J.W. Cooper, Pres.
J.W. Cooper

7/31/95

904-797-8879