

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 26 1997 8:00am
Secretary of State

DOCUMENT # P94000089680 (0)

1. Corporation Name
MR. AUTO INSURANCE OF NAPLES, INC.



Principal Place of Business
2283 TAMiami TRAIL EAST
NAPLES FL 33962

Mailing Address
2283 TAMiami TRAIL EAST
NAPLES FL 34112-4705

34112

3. Date Incorporated or Qualified 12/09/1994	3a. Date of Last Report 04/04/1996
4. FEI Number 65-0537965	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 changeable tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
ROSS, DONALD K JR
2640 GOLDEN GATE PARKWAY #315
NAPLES FL 33941

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1.1 TITLE	1.1 TITLE	1.1 TITLE
NAME	1.2 NAME	1.2 NAME	1.2 NAME
STREET ADDRESS	1.3 STREET ADDRESS	1.3 STREET ADDRESS	1.3 STREET ADDRESS
CITY, ST, ZIP	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP
TITLE	2.1 TITLE	2.1 TITLE	2.1 TITLE
NAME	2.2 NAME	2.2 NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS
CITY, ST, ZIP	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP
TITLE	3.1 TITLE	3.1 TITLE	3.1 TITLE
NAME	3.2 NAME	3.2 NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS
CITY, ST, ZIP	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE	4.1 TITLE	4.1 TITLE	4.1 TITLE
NAME	4.2 NAME	4.2 NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS
CITY, ST, ZIP	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE	5.1 TITLE	5.1 TITLE	5.1 TITLE
NAME	5.2 NAME	5.2 NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS
CITY, ST, ZIP	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE	6.1 TITLE	6.1 TITLE	6.1 TITLE
NAME	6.2 NAME	6.2 NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS
CITY, ST, ZIP	6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 in changes or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-97 941 6497600

CR2E034 (9/96)