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

96 MAY 22 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000048219

1. Corporation Name
A + Auto INSURANCE, INC.

Principal Place of Business
104 N.W. Central Av.
JASPER, Fl
32052

Mailing Address
P.O. Box 1431
JASPER, FL
32052

3. Date Incorporated or Qualified: 6/19/95
3a. Date of Last Report:

2. Principal Place of Business
21 104 N.W. Central Av.
Suite, Apt. #, etc.
22
City & State
23 JASPER, FL.
24 Zip 32052 | 25 Country U.S

2a. Mailing Address
26 P.O. Box 1431
Suite, Apt. #, etc.
27
City & State
28 JASPER, FL.
29 Zip 32052 | 30 Country U.S.

4. FEI Number: 59 3332245 ☐ 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
Todd L. Dinkins
~~P.O. Box 1431~~ 104 N.W. Central Ave.
~~JASPER, FL~~ Jasper, FL
32052 32052

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

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Todd L. Dinkins	
STREET ADDRESS	104 NW CENTRAL AV	
CITY-ST-ZIP	JASPER, Fl 32052	
TITLE	Vice President	☐ DELETE
NAME	Todd L. Dinkins	
STREET ADDRESS	104 NW Central Av	
CITY-ST-ZIP	JASPER, Fl. 32052	
TITLE	Secretary	☐ DELETE
NAME	Diane Dinkins	
STREET ADDRESS	104 NW Central Av	
CITY-ST-ZIP	JASPER, Fl 32052	
TITLE	Tresurer	☐ DELETE
NAME	Diane Dinkins	
STREET ADDRESS	104 N W Central Av	
CITY-ST-ZIP	JASPER, FL. 32052	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME	300001842603	
2.3 STREET ADDRESS	-05/29/96--01066--003	
2.4 CITY-ST-ZIP	****225.00 ****225.00	
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	a.a. 5-28-96	
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Todd L. Dinkins Pres. (Todd L. Dinkins, Pres) 5/10/96 904-792-2299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #