

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

DOCUMENT # P95000095320 (4)

1. Corporation Name

AMERICAN CENTRAL INSURANCE, INC.

Principal Place of Business

5050 MOORE STREET
ST. CLOUD FL 34771

Mailing Address

5050 MOORE STREET
ST. CLOUD FL 34771-7869

2. Principal Place of Business

21 4032 13th Street

Suite, Apt. #, etc.

22 City & State

23 St. Cloud, FL

24 34769

Country

25 Cocoa

26 Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

29 Zip

Country

30

9. Name and Address of Current Registered Agent

BIGELOW, WILLIAM W
5050 MOORE STREET
ST. CLOUD FL 34771

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 607.0402 and 607.1503, 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 obligation of, Section 607.0405, Florida Statutes.

SIGNATURE

William W. Bigelow

Signature type: Corporate Officer or Director, Corporate Agent, or Other

DATE

3-15-97

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BIGELOW, WILLIAM W
5050 MOORE STREET
ST. CLOUD FL 34771

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BIGELOW, MICHAEL D
5050 MOORE STREET
ST. CLOUD FL 34771

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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:

William W. Bigelow

3-15-97

407-892-1400

FILED
Mar 18 1997 8:00am
Secretary of State



3. Date Incorporated or Qualified

12/14/1995

3a. Date of Last Report

07/16/1996

4. FEI Number

59-3364671

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

10. Name and Address of New Registered Agent

CP2E034 (9/96)