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Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000007067 (7)

1. Corporation Name

MR. AUTO INSURANCE OF HERNANDO, INC.

Principal Place of Business

2780 N. FLA. AVE., STE. 3
HERNANDO FL 34442

Mailing Address

2780 N. FLA. AVE., STE. 3
HERNANDO FL 34442

3. Date Incorporated or Qualified

01/19/1996

3a. Date of Last Report

2. Principal Place of Business

21 3828 E. GULF TO LAKE HWY

Suite, Apt. #, etc.

22

City & State

23 INVERNESS

Zip

24 34453

Country

25 CITRUS

2a. Mailing Address

26 3828 E. GULF TO LAKE HWY

Suite, Apt. #, etc.

27

City & State

28 FI 34453

Zip

29 34453

Country

30 CITRUS

4. FEI Number

59-3355196

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

VEAL, TOM
2780 N. FLA. AVE., STE. 3
HERNANDO FL 34442

10. Name and Address of New Registered Agent

81 Name

CARLA A BARD

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

3828 E GULF TO LAKE HWY

83

84 City

INVERNESS

FL

85 Zip Code

34453

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 *Carla A Bard*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/97

12. OFFICERS AND DIRECTORS

1.1 TITLE DD ☐ DELETE

1.2 NAME BARD, JIM
1.3 STREET ADDRESS 2780 N. FLA. AVE., STE. 3
1.4 CITY-ST-ZIP HERNANDO FL 34442

2.1 TITLE DD ☐ DELETE

2.2 NAME BARD, CARLA
2.3 STREET ADDRESS 2780 N. FLA. AVE., STE. 3
2.4 CITY-ST-ZIP HERNANDO FL 34442

3.1 TITLE ☐ DELETE

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ DELETE

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ DELETE

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE

6.2 NAME
6.3 STREET ADDRESS
6.4 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

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 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 if changed, or on any attachment with an address.

SIGNATURE:

Carla A Bard

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1-38-97 563-1590

CR2E034 (9/96)