

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

**FILED**

**Mar 19 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P96000082951 (0)**

**AFFORDABLE INSURANCE GROUP OF NORTHWEST FLORIDA, INC.**



Principal Place of Business

**1813-D CREIGHTON RD  
 PENSACOLA FL 32504**

Mailing Address

**1813-D CREIGHTON RD  
 PENSACOLA FL 32504-7211**

2. Name of the said Business

2a. Mailing Address

21 | State, Apt. #, etc.

26 | State, Apt. #, etc.

22 | City & State

27 | City & State

23 | Zip | Country

28 | Zip | Country

24 | | 25 |

29 | | 30 |

9. Name and Address of Current Registered Agent

**STURGEN, WILLIAM M JR  
 2253 COUNTRY PLACE CIRCLE  
 PENSACOLA FL 32534-9501**

3. Date Incorporated or Qualified

**10/04/1996**

3a. Date of Last Report

4. FEI Number

**59-3408219**

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

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to provisions of Sections 607.0022 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 understand with and accept the foregoing of Section 607.0505, Florida Statutes.

SIGNATURE (Print Name of person making change or name of the applicant) (Name of Registered Agent required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	<b>D</b>	<input type="checkbox"/> DELETE
12.2 NAME	<b>DYESS, DAVID L</b>	
12.3 STREET ADDRESS	<b>4321 LAMIRAGE DRIVE</b>	
12.4 CITY-ST-ZIP	<b>PENSACOLA FL 32504</b>	
12.5 TITLE	<b>D</b>	<input type="checkbox"/> DELETE
12.6 NAME	<b>DYESS, VIRGINIA L</b>	
12.7 STREET ADDRESS	<b>4321 LAMIRAGE DR</b>	
12.8 CITY-ST-ZIP	<b>PENSACOLA FL 32504</b>	
12.9 TITLE	<b>D</b>	<input type="checkbox"/> DELETE
12.10 NAME	<b>WYNNE, ROBERT M JR</b>	
12.11 STREET ADDRESS	<b>10353 MERCER LANE</b>	
12.12 CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>	
12.13 TITLE	<b>D</b>	<input type="checkbox"/> DELETE
12.14 NAME	<b>WYNNE, KRISTEN D</b>	
12.15 STREET ADDRESS	<b>10353 MERCER LANE</b>	
12.16 CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>	
12.17 TITLE		<input type="checkbox"/> DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY-ST-ZIP		

13.1 TITLE	<b>D/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY-ST-ZIP		
13.5 TITLE	<b>D/T-S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY-ST-ZIP		
13.9 TITLE	<b>D/VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY-ST-ZIP		
13.13 TITLE	<b>D/VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY-ST-ZIP		
13.17 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME		
13.19 STREET ADDRESS		
13.20 CITY-ST-ZIP		

14. I have not previously had the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(r), Florida Statutes. I further certify that the information included in 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.

**SIGNATURE:**

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/12/97 904-478-7999**  
 DATE REGISTERED AGENT

CR2E034 (9/96)