P97000059600

1. Entity Name

A ACCURATE AUTO INSURANCE OF EDGEWOOD, INC.

ANDREW AGENCY, INC.

Principal Place of Business

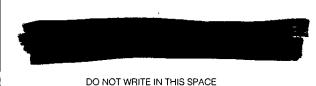
Mailing Address

3333 S. ORANGE AVENUE

PO BOX 6457 DELTONA FL 32728

SUITE 10214 ORLANDO FL 32806

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	



6. Name and Address of Current Registered Agent

4. FEI Number

Applied For Not Applicable

Country Zip Country

5. Certificate of Status Desired

59-3456655

7. Name and Address of New Registered Agent

\$8.75 Additional
Fee Required

SORENSON, PRESTON 774 CLOVERLEAF BLVD

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

	Name	
i		

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

City

(NOTE: Registered Agent signature required when reinstating)

FL

DATE

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

DELTONA FL 32725

Zip

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

(See criteria on back) 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition TITLE TITLE ☐ Delete NAME SORENSON, PRESTON NAME STREET ADDRESS 774 CLOVERLEAF BLVD STREET ADDRESS CITY-ST-ZIP **DELTONA FL 32725** CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I 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 report or supplemental 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 outrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/0

407-855-5528.

Daytime Phone #

CR2E034 (9/01)