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PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **S13565** (4)

1. Corporation Name

**A ABACUS MR. AUTO INSURANCE OF SOUTH FT. MYERS,
INC.**



Principal Place of Business

**15200 SO. U.W. 41
SUITE 102
FT MYERS FL 33908**

Mailing Address

**15200 SO. U.W. 41
SUITE 102
FT MYERS FL 33908**

3. Date Incorporated or Qualified
11/13/1990

3a. Date of Last Report
02/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

29

30

4. FET Number
NOT APPLICABLE

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

10. Name and Address of New Registered Agent

**LINDBACK, DAVID C.
15200 SO. U.W. HWY 41, SUITE 102
920 SE 43RD TERRACE/CAPE CORAL, FL 33904
FT. MYERS FL 33908**

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

Signature typed or printed name of registered agent, if applicable

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SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-75-96

Encl.

941-433-1233

Daytime Phone #

CR2E034 (12/95)