FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 10: 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # S25269 (9)

1. Corporation Name

~~A AAA AUTO~~ FRIENDLY AUTO INSURANCE OF LONGWOOD, INC.

Principal Place of Business	Mailing Address
1535 NORTH MAITLAND AVE. MAITLAND FL 32751	1535 NORTH MAITLAND AVE. MAITLAND FL 32751

3. Date Incorporated or Qualified: 01/15/1991
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-3045357 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

REGISTER, LLOYD E.
1535 NORTH MAITLAND AVE.
MAITLAND FL 32751

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 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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	REGISTER, LLOYD E.
STREET ADDRESS	507 FORRESTOOD CT.
CITY ST ZIP	MAITLAND FL
TITLE	D
NAME	REGISTER, SHARON
STREET ADDRESS	507 FORRESTOOD CT.
CITY ST ZIP	MAITLAND FL
TITLE	D
NAME	REGISTER, TOMOTHY
STREET ADDRESS	1535 N. MAITLAND AVE.
CITY ST ZIP	MAITLAND FL
TITLE	ST
NAME	PACE, ERICK
STREET ADDRESS	1535 N MAINTLAND AVENUE
CITY ST ZIP	MAITLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DC	☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		☒ Change ☐ Addition
32 NAME	REGISTER, TIMOTHY	
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE	DV	☐ Change ☒ Addition
52 NAME	LLOYD E. REGISTER IV	
53 STREET ADDRESS	1535 N. MAITLAND AVE	
54 CITY ST ZIP	MAITLAND FL 32751	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: ERICK PACE 4/27/95 407 260 2220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041007 CP