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 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S27059 (2)

1. Corporation Name FRIENDLY ~~REGISTER~~ AUTO INSURANCE OF EAST ORLANDO, INC.

Principal Place of Business	Mailing Address
1535 NORTH MAITLAND AVENUE MAITLAND FL 32751	1535 NORTH MAITLAND AVENUE MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1991
3a. Date of Last Report: 04/22/1994

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

4. FEI Number: 59-3029627 ☐ 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 [illegible] for ineligible tax under S. 193.035, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

REGISTER, LLOYD
1535 NORTH MAITLAND AVENUE
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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	REGISTER, LLOYD	12 NAME	900001476719
STREET ADDRESS	507 FORESTWOOD COURT	13 STREET ADDRESS	-05/05/95--01008--017
CITY ST ZIP	MAITLAND FL	14 CITY ST ZIP	****208.75 ****208.75
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	REGISTER, SHARON	22 NAME	
STREET ADDRESS	507 FORESTWOOD COURT	23 STREET ADDRESS	
CITY ST ZIP	MAITLAND FL	24 CITY ST ZIP	
TITLE	P	31 TITLE	Delete ☒ Change ☐ Addition
NAME	GULLETT, RAY	32 NAME	
STREET ADDRESS	1535 N MAITLAND AVE	33 STREET ADDRESS	
CITY ST ZIP	MAITLAND FL	34 CITY ST ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	PACE, ERICK	42 NAME	
STREET ADDRESS	1535 N MAITLAND AVENUE	43 STREET ADDRESS	
CITY ST ZIP	MAITLAND FL	44 CITY ST ZIP	
TITLE		51 TITLE	P ☐ Change ☒ Addition
NAME		52 NAME	Timothy Register
STREET ADDRESS		53 STREET ADDRESS	10376 E. Colonial Dr.
CITY ST ZIP		54 CITY ST ZIP	Orlando, FL 32817
TITLE		61 TITLE	V ☐ Change ☒ Addition
NAME		62 NAME	Lloyd E. Register IV
STREET ADDRESS		63 STREET ADDRESS	1535 N. Maitland Avenue
CITY ST ZIP		64 CITY ST ZIP	Maitland, FL 32751

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)(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 an attachment with an address.

SIGNATURE: Sharon Register 4/14/95 407 260 2220
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Sharon Register — Date — Daytime Phone #

0041888 CP