

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

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Mar 18 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 # **S80619** (7)
1. Corporation Name
A ABA AMERICAN AUTO INSURANCE OF GAINESVILLE, IN C.



Principal Place of Business
**416 N.E. WALDO RD.
GAINESVILLE FL 32601**

Mailing Address
**416 N.E. WALDO RD.
GAINESVILLE FL 32641-5685**

3. Date Incorporated or Qualified
09/16/1991

3a. Date of Last Report
04/08/1996

4. FEI Number
59-3100660

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
21 **1223 E UNIVERSITY AVE**
State, Apt. #, etc.
22
City & State
23 **GAINESVILLE FL 32601**
Zip Country
24 25

2a. Mailing Address
26 **1223 E UNIVERSITY AVE**
Suite, Apt. #, etc.
27
City & State
28 **GAINESVILLE FL 32601**
Zip Country
29 30

9. Name and Address of Current Registered Agent

**MORRIS, MARY
416 NE WALDO RD
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent

81 Name
SUSAN GRAVES

82 Street Address (P.O. Box Number is Not Acceptable)
610 N RIDGEWOOD AVE

83

84 City
DAYTONA BEACH

85 Zip Code
FL 32114

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 SUSAN GRAVES DATE 3-12-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN GRAVES	1.2 NAME	SUSAN GRAVES
STREET ADDRESS	416 NE WALDO RD	1.3 STREET ADDRESS	610 N RIDGEWOOD AVE
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	DAYTONA BEACH FL 32114
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	WAYNE M PRINCE
STREET ADDRESS		2.3 STREET ADDRESS	1441 N ATLANTIC AVE #119
CITY-ST-ZIP		2.4 CITY-ST-ZIP	DAYTONA BEACH FL 32118
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: SUSAN GRAVES DATE 3-12-97 DAYTIME PHONE # 904-267-6240
(NOTE: Registered Agent signature required when reinstating)

CR2E034 (9/96)