

ND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
OUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V03839**

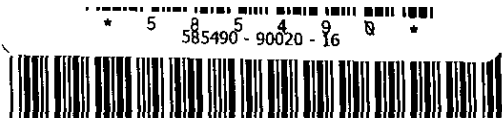
Corporation Name
AA AUTO INSURANCE, INC.

Principal Place of Business
**S. RIDGEWOOD DR
ING FL 33870**

Mailing Address
**145 S. RIDGEWOOD DR
SEBRING FL 33870**

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90020 016 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Country

Zip

Country

3. Date Incorporated or Qualified

01/03/1992

4. FEI Number

65-0308902

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 owes the current year
Intangible Personal Property.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALBRITTON
ALBITTON, MARY CATHERINE
145 S. RIDGEWOOD DR
SEBRING FL 33870

81 Name

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

83

84 City

FL

85 Zip Code

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDRESS
-ZIP

D
ALBRITTON, MARY CATHERINE
2104 N TORRINGTON RD
AVON PARK FL 33825

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

ADDRESS
-ZIP

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

ADDRESS
-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

ADDRESS
-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

ADDRESS
-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

ADDRESS
-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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:

SIGNATURE REQUIRED

CR2E034 (5/99)

SOUTHERN INSURANCE AGENCY

Phone 941-382-4400
Fax 941-382-4300

145 S RIDGEWOOD DR
SEBRING FL 33870

585491-40020-17

~~1075000000~~

V03839

July 06, 1999

DIVISION OF CORPORATIONS
PO BOX 1500
TALLAHASSEE, FL. 32302-1500

GOOD MORNING,

I AM IN RECEIPT OF MY CORPORATION ANNUAL REPORT THAT SAYS THIS IS YOUR 2ND NOTICE. UNFORTUNATELY I NEVER RECEIVED MY FIRST NOTICE. I SPOKE WITH MY ACCOUNTANT ABOUT THIS. HE SUGGESTED THAT I MAIL THE \$150. 00 ORIGINAL FEE WITH THIS LETTER IN HOPES THAT YOU WILL ACCEPT THIS. IF THIS IS NOT SUFFICIENT PLEASE LET ME KNOW.

Sincerely,



MARY CATHERINE ALBRITTON