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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **V41781** **(8)**

1. Corporation Name
A-A AUTO INSURANCE OF WEST ORLANDO, INC.
DBA - The McClain Agency

Principal Place of Business	Mailing Address
819 N. PINE HILLS ROAD ORLANDO FL 32808	819 N. PINE HILLS ROAD ORLANDO FL 32808-7234

3. Date Incorporated or Qualified: 06/05/1992
3a. Date of Last Report: 01/23/1996

2. Principal Place of Business
21 1021 N. Pine Hills Rd
Suite, Apt. #, etc.
22
City & State: 23 Orlando FL
Zip: 24 32808 Country: 25 Orange

2a. Mailing Address
26 1021 N. Pine Hills Rd
Suite, Apt. #, etc.
27
City & State: 28 Orlando FL
Zip: 29 32808 Country: 30 Orange

4. FEI Number: 59-3130386 ☐ 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
MCCLAIN-BRUNS, A-DARLENE
4430 MEDALLION DR. #723
ORLANDO FL 32808

10. Name and Address of New Registered Agent
81 Name: A. Darlene McClain-McDonald
82 Street Address (P.O. Box Number is Not Acceptable): 1021 N. Pine Hills Rd
83
84 City: Orlando FL 85 Zip Code: 32808

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] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE: P	☑ Change ☐ Addition
NAME	A. DARLENE MCCLAIN	1.2 NAME	
STREET ADDRESS	4572 NORTH LAND	1.3 STREET ADDRESS	A. Darlene McClain-McDonald 215 W. Beresford Av.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Deland FL 32720
TITLE	V ☐ DELETE ☑	2.1 TITLE: V	☑ Change ☐ Addition
NAME	STEVEN SAMUEL MCDONALD	2.2 NAME	A. Darlene McClain-McDonald
STREET ADDRESS	4572 NORTH LANE	2.3 STREET ADDRESS	"
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	TS ☐ DELETE	3.1 TITLE: TS	☑ Change ☐ Addition
NAME	A. DARLENE MCCLAIN	3.2 NAME	A. Darlene McClain-McDonald
STREET ADDRESS	4430 MEDALLION DR. #723	3.3 STREET ADDRESS	"
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE: SCTY	☑ Change ☐ Addition
NAME		4.2 NAME	A. Darlene McClain-McDonald
STREET ADDRESS		4.3 STREET ADDRESS	"
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	VB 3-20
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	700002120747 -03/21/97--01008--040
STREET ADDRESS		6.3 STREET ADDRESS	***165.00
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #