

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90041 014 ***150.00

DOCUMENT # V63138

1. Corporation Name

ALL DISCOUNT AUTO INSURANCE, INC.

Principal Place of Business

2020 S COMBEE RD
STE 4
LAKELAND FL 33801
US

Mailing Address

C/O FOOTE
P OBOX 590211
ORLANDO FL 32859
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1992

4. FEI Number

65-0358494

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

SCARBORO, KAYTON
2123 HWY. 98 N.
LAKELAND FL 33805

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDS ☐ DELETE
NAME SCARBORO, KAYTON
STREET ADDRESS 2123 HWY. 98 N.
CITY-ST-ZIP LAKELAND FL 33805

TITLE VP ☒ DELETE
NAME SCARBORO, PATRICIA
STREET ADDRESS 15000 THOROUGHbred LANE
CITY-ST-ZIP MONTEVERDE FL

TITLE VPT ☐ DELETE
NAME SCARBORO, KAYTON D
STREET ADDRESS 484 KENTUCKY WOODS LANE
CITY-ST-ZIP ORLANDO FL 32809

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President and Director ☒ Change ☐ Addition
1.2 NAME Scarboro, Kayton
1.3 STREET ADDRESS 2445 Hwy. 98 N.
1.4 CITY-ST-ZIP Lakeland, FL. 33805

2.1 TITLE Secretary ☐ Change ☒ Addition
2.2 NAME Scarboro, Julie
2.3 STREET ADDRESS 2445 Hwy. 98 N.
2.4 CITY-ST-ZIP Lakeland, FL. 33805

3.1 TITLE Vice President/Treasurer ☒ Change ☐ Addition
3.2 NAME Scarboro, Kayton D.
3.3 STREET ADDRESS 2445 Hwy. 98 N.
3.4 CITY-ST-ZIP Lakeland, FL. 33805

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

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

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

14. 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, with all other like empowered.

SIGNATURE:

SIGNATURE REC Kayton D. Scarboro
Vice President

Date

Daytime Phone #

CR2F034 (11/98)

0696931