

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 06, 1999 8:00 am  
Secretary of State

04-06-1999 90025 022 \*\*\*150.00

DOCUMENT # V72652

1. Corporation Name

A MR. AUTO INSURANCE OF LAKE PLACID, INC.

Principal Place of Business

124 E. INTERLAKE BLVD.  
LAKE PLACID FL 33852

Mailing Address

124 E. INTERLAKE BLVD.  
LAKE PLACID FL 33852

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1992

4. FEI Number

59-3147187

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 3264 U.S. Hwy, 27 South  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 311  
Suite, Apt. #, etc.

23 Sebring, FL  
City & State

Zip

24 33870

Country

25 Highlands

28 Sebring, FL  
City & State

Zip

29 33871-0311

Country

30 Highlands

9. Name and Address of Current Registered Agent

JOHNS, LAURA A  
124 E INTERLAKE BLVD.  
LAKE PLACID FL 33852

10. Name and Address of New Registered Agent

81 Name

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

3264 U.S. Hwy, 27 South

83

84 City Sebring

FL

85 Zip Code  
33870

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

Laura A. Johns Laura A. Johns-President

3-31-99

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE DP  
NAME JOHNS, LAURA A  
STREET ADDRESS 124 E. INTERLAKE BLVD.  
CITY-ST-ZIP LAKE PLACID FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

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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 ☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

3264 U.S. Hwy, 27 South  
Sebring, FL 33870

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

Laura A. Johns President

3-31-99

941-385-7602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)