

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 31 PM 2:28

DOCUMENT # **S52165** (5)

1. Corporation Name  
**A-1 AUTO INS. OF QUINCY INC.**

Principal Place of Business  
**1831 W. JEFFERSON STREET  
QUINCY FL 32351**

Mailing Address  
**1831 W. JEFFERSON STREET  
QUINCY FL 32351**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**05/14/1991**

3a. Date of Last Report  
**01/24/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**59-3064843**

Applied For  
 Not Applicable

22. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23. City & State

27. City & State

6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24. Zip Country

28. Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MOORE, TERRY JAMES  
1831 W. JEFFERSON STREET  
QUINCY FL 32351**

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 re-registering)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	V
NAME	MOORE, TERRY JAMES
STREET ADDRESS	1831 W JEFFERSON ST
CITY- ST- ZIP	QUINCY FL
TITLE	P
NAME	MOAT, BILLY J., SR.
STREET ADDRESS	1831 W JEFFERSON ST
CITY- ST- ZIP	QUINCY FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

**BILLY D. REGISTER  
CERTIFIED PUBLIC ACCOUNTANT  
RT. 2-BOX 130  
HAVANA, FLORIDA 32333  
I.D. NO. 50-8655168**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: *Terry James Moore*  
TERRY JAMES MOORE

1-27-95 904  
627-2796