

**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 JUN 12 AM 9:01

**DOCUMENT # 855552 (6)**

1. Corporation Name  
**AMERIFIRST INSURANCE COMPANY**

Principal Place of Business Mailing Address  
**40 S. ALCANIZ STREET 40 S. ALCANIZ STREET  
PENSACOLA FL 32501 PENSACOLA FL 32501**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/16/1983** 3a. Date of Last Report **04/19/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		35-1536282		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		29 Zip		30 Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32304</b>				61 Name			
				62 Street Address (P.O. Box Number is Not Acceptable)			
				63			
				64 City			
				65 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, R K	1.2 NAME	
STREET ADDRESS	40 S. ALCANIZ STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL 32501	1.4 CITY - ST - ZIP	
TITLE	DSTV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSEY, LINDA J	2.2 NAME	
STREET ADDRESS	40 S. ALCANIZ STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL 32501	2.4 CITY - ST - ZIP	
TITLE	VPD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTHA ANN HUNTER,	3.2 NAME	v/o
STREET ADDRESS	40 S. ALCANIZ STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL 32501	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCE PALMER,	4.2 NAME	
STREET ADDRESS	40 S. ALCANIZ STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL 32501	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRED TOWNSEND,	5.2 NAME	Rose Ann Janis
STREET ADDRESS	STE. 602, 100 WELLS ST.	5.3 STREET ADDRESS	40 S. Alcaniz Street
CITY - ST - ZIP	HARTFORD CT 06103	5.4 CITY - ST - ZIP	Pensacola, FL 32501
TITLE	VP	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ED TEPPER,	6.2 NAME	
STREET ADDRESS	40 S. ALCANIZ STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL 32501	6.4 CITY - ST - ZIP	

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 110.07(3)(k), 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 only in attachment with an address.

SIGNATURE: Edward A. Tepper 6/6/95 904 434-1200  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Name) (Optional Phone #)