

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Mar 21 1996 8:00 am  
Secretary of State

DOCUMENT # **855552** (6)  
1. Corporation Name  
**AMERIFIRST INSURANCE COMPANY**



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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
25, 29

3. Date Incorporated or Qualified: **02/16/1983**  
3a. Date of Last Report: **06/12/1995**  
4. FET Number: **35-1536282**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$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: **INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32304**  
10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HUNTER, R K		2. NAME	
STREET ADDRESS: 40 S. ALCANIZ STREET		3. STREET ADDRESS	
CITY, ST, ZIP: PENSACOLA FL 32501		4. CITY, ST, ZIP	
TITLE: DSTV	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MASSEY, LINDA J		6. NAME	
STREET ADDRESS: 40 S. ALCANIZ STREET		7. STREET ADDRESS	
CITY, ST, ZIP: PENSACOLA FL 32501		8. CITY, ST, ZIP	
TITLE: VD	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MARTHA ANN HUNTER,		10. NAME	
STREET ADDRESS: 40 S. ALCANIZ STREET		11. STREET ADDRESS	
CITY, ST, ZIP: PENSACOLA FL		12. CITY, ST, ZIP	
TITLE: D	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BRUCE PALMER,		14. NAME	
STREET ADDRESS: 40 S. ALCANIZ STREET		15. STREET ADDRESS	
CITY, ST, ZIP: PENSACOLA FL 32501		16. CITY, ST, ZIP	
TITLE: D	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JARIS, ROSE ANN		18. NAME	
STREET ADDRESS: 40 S ALCANIZ ST		19. STREET ADDRESS	
CITY, ST, ZIP: PENSACOLA FL		20. CITY, ST, ZIP	
TITLE: V	<input checked="" type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ED TEPPER,		22. NAME	
STREET ADDRESS: 40 S. ALCANIZ STREET		23. STREET ADDRESS	
CITY, ST, ZIP: PENSACOLA FL		24. 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 119.07(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 on an attachment with an address.

SIGNATURE: *Sandra B. Merrihan* *Linda J Massey* 3/18/96 (33) 1532-1550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)