

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 9:23

DOCUMENT # **149554** (8)

1. Corporation Name
MUTUAL INSURANCE, INC.

Principal Place of Business	Mailing Address
MUTUAL INSURANCE, INC. 1900 FIRST AVE N ST PETERSBURG FL 33713	MUTUAL INSURANCE, INC. 1900 FIRST AVE N ST PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	01/01/1947	07/12/1994
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	59-0345980	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
				7. This corporation has liability for intangible tax under S. 193.032, Florida Statutes	XX Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOSEPH P. HOPPES 1900 FIRST AVE NORTH ST PETERSBURG FL 33711				81 Name	LINDA QUICK		
				82 Street Address (P.O. Box Number is Not Acceptable)	1900 FIRST AVENUE NORTH		
				83			
				84 City	ST PETERSBURG	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: *Linda Quick* DATE: 5/24/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSH, MITCHELL P	12 NAME	DELETE
STREET ADDRESS	1900 FIRST AVE, N	13 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG, FL 00000	14 CITY - ST - ZIP	
TITLE	VT	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA QUICK	22 NAME	P/T/S
STREET ADDRESS	1900 FIRST AVE, N	23 STREET ADDRESS	LINDA QUICK
CITY - ST - ZIP	ST PETERSBURG, FL FL 33713	24 CITY - ST - ZIP	1900 FIRST AVENUE NORTH ST. PETERSBURG, FLORIDA 33713
TITLE	PD	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPPES, JOSEPH P.	32 NAME	
STREET ADDRESS	1900 FIRST AVE. N.	33 STREET ADDRESS	DELETE
CITY - ST - ZIP	ST. PETERSBURG FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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)(d), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Linda Quick* DATE: 5/24/95 TELEPHONE: 813-896-0006