

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # 149554 (8)

1. Corporation Name
MUTUAL INSURANCE, INC.



Principal Place of Business MUTUAL INSURANCE, INC. 1900 FIRST AVE N ST PETERSBURG FL 33713	Mailing Address MUTUAL INSURANCE, INC. 1800 FIRST AVE N ST PETERSBURG FL 33713-8908
--------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. P.O. Box 12350
22. City & State	27. St. Petersburg, FL 33733
23. Zip	28. City & State
24. Country	29. Zip
25. Country	30. Country

3. Date Incorporated or Qualified 01/01/1947	3a. Date of Last Report 04/25/1996
4. FEI Number 59-0345980	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

QUICK, LINDA
1900 FIRST AVENUE NORT
ST PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81. Name Regina Skierski
82. Street Address (P.O. Box Number is Not Acceptable) 1900 First Avenue North
83. City St. Petersburg
84. State FL
85. Zip Code 33713

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: *Regina M. Skierski, President* DATE: **3/31/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA QUICK	1.2 NAME	C
STREET ADDRESS	1900 FIRST AVE, N	1.3 STREET ADDRESS	Curtis W. Stodghill
CITY-ST-ZIP	ST PETERSBURG, FL FL	1.4 CITY-ST-ZIP	105 E. North Street
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Regina M. Skierski
STREET ADDRESS		2.3 STREET ADDRESS	1900 First Ave N.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	St. Petersburg, FL 33713
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Andrew A. Smith
STREET ADDRESS		3.3 STREET ADDRESS	1900 First Ave N.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	St. Petersburg, FL 33713
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Mitchell Marsh
STREET ADDRESS		4.3 STREET ADDRESS	1900 First Ave N.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	St. Petersburg, FL 33713
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Linda A. Quick
STREET ADDRESS		5.3 STREET ADDRESS	1900 First Ave N.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	St. Petersburg, FL 33713
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Helga M. Hoppes
STREET ADDRESS		6.3 STREET ADDRESS	1900 First Ave N.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	St. Petersburg, FL 33713

14. I do 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.

SIGNATURE: *Helga M. Hoppes* **Helga M. Hoppes, Treasurer** 3/17/1997 (813) 896-0006

CR2E034 (9/96)