

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

FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 PO BOX 12350 1900 FIRST AVE N ST PETERSBURG FL 33733 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 01/01/1947	4. FEI Number 59-0345980 Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

g. Name and Address of Current Registered Agent REGINA SKIERSKI 1900 FIRST AVENUE NORTH ST PETERSBURG FL 33713	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS W STODGHILL	1.2 NAME	
STREET ADDRESS	105 E NORTH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGINA M SKIERSKI	2.2 NAME	
STREET ADDRESS	1900 FIRST AVE N	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	AV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW A SMITH	3.2 NAME	
STREET ADDRESS	1900 FIRST AVE N	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL MARSH	4.2 NAME	
STREET ADDRESS	1900 FIRST AVE N	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA A QUICK	5.2 NAME	
STREET ADDRESS	1900 FIRST AVE N	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELGA M HOPPES	6.2 NAME	
STREET ADDRESS	1900 FIRST AVE N	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	6.4 CITY-ST-ZIP	

14. I 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** 1-7-98

CR2E034 (10/97)