# 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
95 FEB 17 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 281416 (8)

1. Corporation Name
MOBILE HOMEOWNERS' INSURANCE AGENCIES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7785 66TH ST N<br>PO BOX 8080<br>PINELLAS PARK FL 34664-080<br>US | 7785 66TH ST N<br>PO BOX 8080<br>PINELLAS PARK FL 34664-080<br>US |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/15/1964
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-1059110 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $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

JERGER, THOMAS J.
7785 66TH STREET NORTH
PINELLAS PARK FL 34665

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | JERGER, THOMAS J | 1.2 NAME | |
| STREET ADDRESS | 10305 61ST COURT NO | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PINELLAS PK FL | 1.4 CITY-ST-ZIP | |
| TITLE | TSD | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | HOLLAND, LESTER F | 2.2 NAME | |
| STREET ADDRESS | 7505 WILLOW CT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA, FL 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | VD | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | JERGER JR, RICHARD M | 3.2 NAME | |
| STREET ADDRESS | 1935 MONTANA AVENUE NE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG FL | 3.4 CITY-ST-ZIP | |
| TITLE | VDC | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | JERGER, DEAN W. | 4.2 NAME | |
| STREET ADDRESS | 7949 9TH AVE SOUTH | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL | 4.4 CITY-ST-ZIP | |
| TITLE | DV | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | LAKE, FRANK J. III | 5.2 NAME | |
| STREET ADDRESS | 700 STARKEY ROAD #220 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LARGO FL | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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: [signature] Treasurer Lester F. Holland 2/1/95 546-8911
SIGNATURE AND TITLE OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0372700 CP