FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 15 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 # **281416** **(8)**

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

Principal Place of Business	Mailing Address
7785 66TH ST N ~~PO BOX 8080~~ PINELLAS PARK FL ~~34664-8080~~ US	7785 66TH ST N PO BOX 8080 PINELLAS PARK FL 33780-8080 US

3. Date Incorporated or Qualified: 05/15/1964
3a. Date of Last Report: 03/01/1996

2. Principal Place of Business
21 7785 66th Street North
Suite, Apt #, etc.
22
City & State
23 Pinellas Park, FL
Zip 24 33781-3113 Country 25 USA

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: Raymond M. Blacklidge, General Counsel
82 Street Address (P.O. Box Number is Not Acceptable): 7785 66th Street North
83
84 City: Pinellas Park FL 85 Zip Code: 33781-3113

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Raymond M. Blacklidge DATE: 4-25-97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JERGER, THOMAS J 10305 61ST COURT NO PINELLAS PK FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	V/D. Sadler, Charles B. 11722 Walker Avenue Seminole, FL 33772	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD HOLLAND, LESTER F 7505 WILLOW CT TAMPA, FL 00000	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D/T. Meyer, T. Bruce 506 Brooktree Court Lutz, FL 33548	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JERGER JR, RICHARD M 425 79TH STREET SOUTH ST PETERSBURG FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D/V/S. Blacklidge, Raymond M. 28810 Falling Leaves Way Wesley Chapel, FL 33543-5761	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDC JERGER, DEAN W. 7949 9TH AVE SOUTH ST. PETERSBURG FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VD JERGER, JR. RICHARD M. 7963 9 7TH AVENUE S St. Petersburg, FL 33707-2732	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV LAKE, FRANK J. III 700 STARKEY ROAD #228 LARGO FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D/V Jeffery, Sheryl 9305 52nd Street North Pinellas Park, FL 33782	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D/V Nye, David 5717 Crestview Drive Lady Lake, FL 32159	☐ Change ☒ Addition

CR2E034 (9/96)

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: Raymond M. Blacklidge 4-25-97 813-5468911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D/V

Beaty, Steve Addition
2335 Barkwood Pass
Clearwater, FL 33575