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FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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 34664-8080 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1964

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

BLACKLIDGE, RAYMOND GENERA
7785 66TH ST 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	VD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	SADLER, CHARLES B		1.2 NAME		
STREET ADDRESS	11722 WALKER AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		1.4 CITY-ST-ZIP	33772	
TITLE	DT	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	MEYER, BRUCE T		2.2 NAME		
STREET ADDRESS	506 BROOKTREE CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL		2.4 CITY-ST-ZIP	33548	
TITLE	DVS	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	BLACKLIDGE, RAYMOND M		3.2 NAME		
STREET ADDRESS	28810 FALLING LEAVES WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPEL FL		3.4 CITY-ST-ZIP	33543-5761	
TITLE	VD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	JERGER, RICHARD JR.		4.2 NAME		
STREET ADDRESS	7963 9TH AVE S		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP	33707	
TITLE	DV	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	JEFFERY, SHERYL		5.2 NAME		
STREET ADDRESS	9305 52ND ST N		5.3 STREET ADDRESS	5770 109th AVE N	
CITY-ST-ZIP	PINELLAS PARK FL		5.4 CITY-ST-ZIP	PINELLAS PARK, FL 33782	
TITLE	DV	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	NYE, DAVID		6.2 NAME		
STREET ADDRESS	5717 CRESTVIEW DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE FL		6.4 CITY-ST-ZIP	32159	

CR2E034 (10/97)

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: _____ 4/29/98 813-546 8911