

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

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
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DOCUMENT # 281416 (8)
1. Corporation Name
MOBILE HOMEOWNERS' INSURANCE AGENCIES, INC.

Principal Place of Business 7785 66TH ST N PO BOX 8080 PINELLAS PARK FL 34684-8080 US	Mailing Address 7785 66TH ST N PO BOX 8080 PINELLAS PARK FL 34684-8080 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/15/1964	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1059110		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	29 Country	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 34685		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

Signature typed or printed name of registered agent and title if applicable

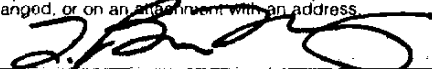
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	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	2.1 TITLE	☒ Change ☐ Addition
NAME	MEYER, BRUCE T	2.2 NAME	
STREET ADDRESS	808 BROOKTREE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP	33548
TITLE	DVS	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	4.1 TITLE	☒ Change ☐ Addition
NAME	JERGER, RICHARD JR.	4.2 NAME	
STREET ADDRESS	7983 9TH AVE S	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	33707
TITLE	DV	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	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

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 endorsement with an address.

SIGNATURE:



4/30/98

813-546-8911

CP2E034 (10/97)