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**Secretary of State**
04-21-1999 90144 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 281416

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 33780-8080<br>US | 7785 66TH ST N<br>PO BOX 8080<br>PINELLAS PARK FL 33780-8080<br>US |

DO NOT WRITE IN THIS SPACE

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

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. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BLACKLIDGE, RAYMOND GENERA
7785 66TH ST NORTH
PINELLAS PARK FL 34665 33781-3113

10. Name and Address of New Registered Agent

81 Name: BlackRidge, Raymond M.
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ RAYMOND BLACKLIDGE APRIL 14,1999
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 | ☐ 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 33772 | | 1.4 CITY-ST-ZIP | | |
| 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 33548 | | 2.4 CITY-ST-ZIP | | |
| 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 33543-5761 | | 3.4 CITY-ST-ZIP | | |
| 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 33707 | | 4.4 CITY-ST-ZIP | | |
| TITLE | DV | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | JEFFERY, SHERYL | | 5.2 NAME | | |
| STREET ADDRESS | 5770 109TH AVE N | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PINELLAS PARK FL 33782 | | 5.4 CITY-ST-ZIP | | |
| 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 32159 | | 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, with all other like empowered.

**SIGNATURE:** _____ RAYMOND BLACKLIDGE APRIL 14,1999 (727)546-8911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)