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

APPROVED AND FILED

95 MAY -1 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 333830 (8)

1. Corporation Name

MOBILE AMERICA INSURANCE GROUP, INC.

Principal Place of Business	Mailing Address
P O BOX 10729 JACKSONVILLE FL 32247-7729	P O BOX 10729 JACKSONVILLE FL 32247-7729

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/15/1968

3a. Date of Last Report: 01/27/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | Country (25) | Zip (29) | Country (30)

4. FEI Number: 59-1218934 ☐ 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

MCCORKLE, ALLAN J
10475-110 FORTUNE PKWY
JACKSONVILLE FL 32256

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	B ☒ Change ☐ Addition
NAME	GLENN, PAUL M.	12 NAME	Garrity, J. Michael
STREET ADDRESS	10475-110 FORTUNE PKWY	13 STREET ADDRESS	10475-110 Fortune Parkway
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	Jacksonville, FL 32256
TITLE	T	21 TITLE	T ☒ Change ☐ Addition
NAME	MARTIN, KEITH E.	22 NAME	Bost, Joseph M.
STREET ADDRESS	10475-110 FORTUNE PKWY	23 STREET ADDRESS	10475-110 Fortune Parkway
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	Jacksonville, FL 32256
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	MCCORKLE, THOMAS J.	32 NAME	
STREET ADDRESS	10475-110 FORTUNE PKWY	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	PURCELL, CARLENA E.	42 NAME	
STREET ADDRESS	10475-110 FORTUNE PKWY	43 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MCCORKLE, ALLAN J.	52 NAME	
STREET ADDRESS	10475-110 FORTUNE PKWY	53 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	SMITH, LEE	62 NAME	
STREET ADDRESS	10450 SAN JOSE BLVD. 3	63 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	64 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: Carlena E. Purcell Carlena E. Purcell 4/25/95 904-363-6339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024800 CP