

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # 333830 (8)

1. Corporation Name

MOBILE AMERICA INSURANCE GROUP, INC.



Principal Place of Business

P O BOX 10729  
JACKSONVILLE FL 32247-7729

Mailing Address

P O BOX 10729  
JACKSONVILLE FL 32247-7729

3. Date Incorporated or Qualified

08/15/1968

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

29

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

10. Name and Address of New Registered Agent

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

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 D  
NAME GARRITY, J. MICHAEL  
STREET ADDRESS 10475-110 FORTUNE PARKWAY  
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

1.1 TITLE T/V  
1.2 NAME Stinson, Thomas L.  
1.3 STREET ADDRESS 10475-110 Fortune Pkwy.  
1.4 CITY-ST-ZIP Jacksonville, FL 32256 ☐ Change: ☒ Addition

TITLE T  
NAME BOST, JOSEPH M.  
STREET ADDRESS 10475-110 FORTUNE PARKWAY  
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change: ☐ Addition

TITLE PD  
NAME MCCORKLE, THOMAS J.  
STREET ADDRESS 10475-110 FORTUNE PKWY  
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change: ☐ Addition

TITLE S  
NAME PURCELL, CARLENA E.  
STREET ADDRESS 10475-110 FORTUNE PKWY  
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change: ☐ Addition

TITLE D  
NAME MCCORKLE, ALLAN J.  
STREET ADDRESS 10475-110 FORTUNE PKWY  
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change: ☐ Addition

TITLE D  
NAME SMITH, LEE  
STREET ADDRESS 10450 SAN JOSE BLVD. 3  
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change: ☐ Addition

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)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

*Carlena E. Purcell* Carlena E. Purcell 4/26/96 (904)343-6339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)