

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

FILED
May 15 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 # 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/15/1968

4. FEI Number

59-1218934

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

MCCORKLE, ALLAN J
10475-110 FORTUNE PKWY
JACKSONVILLE FL 32258

10. Name and Address of New Registered Agent

81 Name *Mr. Corkle, Thomas J.*
82 Street Address (P.O. Box Number Is Not Acceptable)
10475-110 Fortune Pkwy
83
84 City *Jacksonville* FL 85 Zip Code *32256*

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Thomas J. McCorkle
Signature, typed or printed name of registered agent and title if applicable

Thomas J. McCorkle
(NOTE: Registered Agent signature required when reinstating)

4/22/97
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME *V SANDERS, DUANE A.*
STREET ADDRESS *10475-110 FORTUNE PARKWAY*
CITY-ST-ZIP *JACKSONVILLE FL*

TITLE ☐ DELETE
NAME *TV STINSON, THOMAS L.*
STREET ADDRESS *10475-110 FORTUNE PARKWAY*
CITY-ST-ZIP *JAKSONVILLE FL*

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE *Lee E. Smith*

CR2E034 (10/97)