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

**PROFIT** CORPORATION ANNUAL REPORT



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

**FILED** May 01, 1996 08:00 AM **Secretary of State** 

1996 **DOCUMENT #** 

1. Corporation Name

333831

(6)

MOBILE AMERICA CORPORATION														
Prì	ncipal Place	of Business		Ma	ailing Address						191 IIV: WISH		811 41411 G1611 L861	
P O BOX 10729 JACKSONVILLE FL 32247-7729					P O BOX 10729 JACKSONVILLE FL 32247-7729									
									3. Date Incorporated or Qualified 08/15/1968		of Last R 05/01/1			
	2. Principal Place of Business				2a. Mailing Address 26					4. FEI Number Applied For 59-1218935 Not Applicable				
21	Suite, Apt. #, etc.				Suite, Apt. #, etc.				-				Additional	
22	22				27					5. Certificate of Status Desired		Fee	Required	
	City & State				City & State					Election Campaign Financing     Trust Fund Contribution			May Be d to Fees	
23	2. Country			Zip Country						This corporation has liability for in				
24	Zip Country 25			29					Florida Statutes Yes No			ax tirider s	100.002,	
			d Address of Current	Current Registered Agent			<u> </u>			10. Name and Address of New R		Agent		
								Name				****		
PURCELL, CARLENA							82	Street	Addres	ss (P.O. Box Number is Not Acceptab				
10475-110 FORTUNE PKWY JACKSONVILLE FL 32256							83							
DAOROONVILLE 12 02200							84	City				85 Z	p Code	
							<u> </u>				FL			
11	<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, th or registered agent, or both, in the State of Florida. Such change was authorized by familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</li> </ol>								orporati board	ion submits this statement for the pur of directors. I hereby accept the appo	pose of ch pintment as	anging its i s registered	agent. I am	
	familiar wit	h, and accept th	ne obligations of, Section	1 607.	.0505, Florida Statutes.									
SIC	GNATURE _	Slouatine typed or or	rited name of registered agent an	d little if	apulicabio (NOT	E Rogistere	d Ager	it signature i	required w	shen reinstating)	DATE			
12. OFFICERS AND DIRECTORS						13.	<u>-</u>			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO		
1:11	.F	D			□ DELETE		TITLE		ナバ	7		☐ Chançe	Addition	
NAI							1.2 NAME		D+i	inson, Thomas L. 175-110 Fortune Pi				
STE			10 FORTUNE PKWY	(WY			1.3 STREET ADDRESS 104		104	175-110 Fortune Pi	kwy			
CIT	Y - S1 - ZIP	JACKSO	NVILLE FL				CITY - S		Jac	cksonville, FL 32	2570			
1111		\$			DELETE	2 1	TITLE				_	☐ Chançe	☐ Addition	
NAI	ΜE	PURCEL	L, CARLENA E.			22	NAME						ļ	
STE	STREET ADDRESS 1047		10 FORTUNE PKWY				2.3 STREET ADDRESS		}				1	
CIT	Y-ST-ZIP	JACKSO	NYILLE FL			24	CITY-S	J - ZiP						
TIT		PD			☐ DELETE	3 1	TITLE					☐ Chançe	☐ Addition	
NA!	VΕ		KLE, ALLAN J			32	NAME							
STE	EET ADDRESS	10475-1	10 FORTUNE PKWY			33.	STHEE	T ADDRESS						
ÇII	Y-ST-ZIP	JACKSO	NVILLE FL			34	CITY - S	T-ZIP						
111		T			DELETE	4. 1	TITLE					Change	Addition	
NA	ME		OSEPH M.			4.2	NAME							
ST	REET ADDRESS	10475-1	10 FORTUNE PKWY			4.3	STREET	ADDRESS						
C·1	Y-ST-ZIP	JACKSO	NYILLE FL			4.4	CITY - S	ST-ZIP						
111		D			☐ DELETE	5. 1	TITLE					☐ Chan(je	☐ Addilion	
N.A	ME		Y, MICHEAL J.			52	NAME		1					
STI	REE! ADDRESS		10 Fortune PKWY			5.3	STREET	ADDRESS						
CF:	Y - ST - ZIP		NVILLE FL			5.4	CITY - S	ST-ZIP	<u> </u>					
111	ıE	VD			☐ DELETE	6 1	TITLE					☐ Change	Addition	
NA	ME		KLE, THOMAS J			62	NAME							
ST	REET ADDRESS	1	10 FORTUNE PKWY			6.3	STREET	ADDRESS	ĺ					
cn	Y - ST - ZIP	JACKSO	NVILLE FL			64	CITY-S	ST - ZIP	<u></u>		07/01/15 5			

14. I do horeby 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 if changed, or on an attachment with an address.

SIGNATURE: La

Calea E. Recell

CR2E034 (12/95)