

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **333831** (6)
1. Corporation Name
MOBILE AMERICA CORPORATION

Principal Place of Business P O BOX 10729 JACKSONVILLE FL 32247-7729	Mailing Address P O BOX 10729 JACKSONVILLE FL 32247-7729
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/15/1968	
				4. FEI Number 59-1218935	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent PURCELL, CARLENA 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			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	SANDERS, DUANE A.			1.2 NAME			
STREET ADDRESS	10475-110 FORTUNE PKWY			1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-ST-ZIP			
TITLE	S	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	PURCELL, CARLENA E.			2.2 NAME			
STREET ADDRESS	10475-110 FORTUNE PKWY			2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			2.4 CITY-ST-ZIP			
TITLE	PD	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	MCCORKLE, ALLAN J			3.2 NAME			
STREET ADDRESS	10475-110 FORTUNE PKWY			3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			3.4 CITY-ST-ZIP			
TITLE	TV	☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME	STINSON, THOMAS L.			4.2 NAME			
STREET ADDRESS	10475-110 FORTUNE PKWY			4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			4.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME	GARRITY, MICHEAL J.			5.2 NAME			
STREET ADDRESS	10475-110 FORTUNE PKWY			5.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			5.4 CITY-ST-ZIP			
TITLE	VD	☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME	MCCORKLE, THOMAS J			6.2 NAME			
STREET ADDRESS	10475-110 FORTUNE PKWY			6.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			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.

CP2E034 (10/97)