

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90196 024 \*\*\*150.00

DOCUMENT # H85190

1. Corporation Name  
MHIA PREMIUM FINANCE COMPANY

Principal Place of Business  
7785 66TH ST N.  
P.O. BOX 8080  
PINELLAS PARK FL 33780-8080  
US

Mailing Address  
7785 66TH ST N.  
P.O. BOX 8080  
PINELLAS PARK FL 33780-8080  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/12/1985

4. FEI Number  
59-2701288

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLACKLIDGE, RAYMOND M.  
7785 66 TH STREET NORTH  
PINELLAS PARK FL 33780

81 Name Blacklidge, Raymond M.

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code 33781-3113

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

RAYMOND BLACKLIDGE

APRIL 14, 1999

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 VD ☐ DELETE  
NAME JERGER, DEAN W.  
STREET ADDRESS 7949 9TH AVE SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33707

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

TITLE VD ☐ DELETE  
NAME JERGER, JR. R  
STREET ADDRESS 7963 9TH AVE S  
CITY-ST-ZIP ST PETERSBURG FL 33707

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

TITLE PDC ☐ DELETE  
NAME JERGER, THOMAS J.  
STREET ADDRESS 10305 61ST CT NORTH  
CITY-ST-ZIP PINELLAS PK FL 34666

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

TITLE DVST ☐ DELETE  
NAME BLACKLIDGE, RAYMOND M.  
STREET ADDRESS 28810 FALLING LEAVES WAY  
CITY-ST-ZIP WESLEY CHAPEL FL 33543

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND BLACKLIDGE

APRIL 14, 1999 (727) 546-8911

Date

Daytime Phone #

CR2E034 (1/1/98)

0428185