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

DOCUMENT # **J29634** **(9)**

1. Corporation Name

MOUNT VERNON INSURANCE CO., INC.

Principal Place of Business	Mailing Address
3701 S. OSPREY AVE. SARASOTA FL 34239	3701 S. OSPREY AVE. SARASOTA FL 34239

3. Date Incorporated or Qualified: 08/20/1986
3a. Date of Last Report: 03/20/1995

2. Principal Place of Business	2a. Mailing Address
21 7222 SO. TAMIAMI TRAIL	26 7222 SO TAMIAMI TRAIL
Suite, Apt. #, etc. 22 SUITE 105	Suite, Apt. #, etc. 27 SUITE 105
City & State 23 SARASOTA, FL.	City & State 28 SARASOTA, FL.
Zip / Country 24 34231 / 25 SARASOTA	Zip / Country 29 34231 / 30 SARASOTA

4. FEI Number: 59-2721663 ☐ 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

FISCHER, LEE J.
3701 S. OSPREY AVE.
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name: LEE J. FISCHER
82 Street Address (P.O. Box Number is Not Acceptable): 7222 SO. TAMIAMI TR., STE 105
83
84 City: SARASOTA **FL** 85 Zip Code: 34231

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: LEE J. FISCHER - PRESIDENT — 3-18-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FISCHER, LEE J.		1.2 NAME	
STREET ADDRESS	924 S. GONDOLA DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HERMAN, F. DONALD		2.2 NAME	
STREET ADDRESS	4705 ELDERBERRY DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COWLES, ROBERT C.		3.2 NAME	
STREET ADDRESS	4092 SOUTHWELL WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FISCHER, JEFFREY L		4.2 NAME	
STREET ADDRESS	924 S GONDOLA		4.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 if changed or added on an attachment with an address.

SIGNATURE: X _____ X 3-18-96 X 941-921-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #