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Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J29634 (9)
 1. Corporation Name
MOUNT VERNON INSURANCE CO., INC.



Principal Place of Business 7222 SO. TAMiami TRAIL SUITE 105 SARASOTA FL 34231 US	Mailing Address 7222 SO. TAMiami TRAIL SUITE 105 SARASOTA FL 34231-5569 US
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3. Date Incorporated or Qualified 08/20/1986	3a. Date of Last Report 03/26/1996
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2. Principal Place of Business 21 4001 SWIFT ROAD Suite, Apt. #, etc. 22 City & State 23 SARASOTA, FL Zip Country 24 34231 25 SARASOTA 29 34231 30 SARASOTA	2a. Mailing Address 26 4001 SWIFT ROAD Suite, Apt. #, etc. 27 City & State 28 SARASOTA, FL Zip Country 29 34231 30 SARASOTA
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4. FEI Number 59-2721663	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
FISCHER, LEE J.
7222 SO. TAMiami TR., STE 105
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name FISCHER LEE J.
82 Street Address (P.O. Box Number is Not Acceptable) 4001 SWIFT ROAD
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 607.0503, Florida Statutes.

SIGNATURE LEE J. FISCHER **1-24-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) **DATE**

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <input type="checkbox"/> DELETE FISCHER, LEE J. 924 S. GONDOLA DR. VENICE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> DELETE HERMAN, F. DONALD 4705 ELDERBERRY DR. SARASOTA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> DELETE COWLES, ROBERT C. 4082 SOUTHWELL WAY SARASOTA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE V.P./SEC FISCHER, JEFFREY L. 924 S GONDOLA VENICE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	V.P./SEC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FISCHER, JEFFREY L. 7230 ANTIGUA PLACE SARASOTA, FL. 34231
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 J. FISCHER **1-24-97** **941**
924-2700

CR2E034 (9/96)