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Apr 02, 1999 8:00 am  
Secretary of State

04-02-1999 90072 011 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # J29634

1. Corporation Name

MOUNT VERNON INSURANCE CO., INC.

Principal Place of Business

4001 SWIFT ROAD  
SARASOTA FL 34231  
US

Mailing Address

4001 SWIFT ROAD  
SARASOTA FL 34231  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1986

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 924 South Gondola Drive  
Suite, Apt. #, etc.

22

City & State

23 VENICE, FL

Zip

24 34293

Country

25 US

2a. Mailing Address

26 924 So. Gondola Drive  
Suite, Apt. #, etc.

27

City & State

28 VENICE, FL

Zip

29 34293

Country

30 US

9. Name and Address of Current Registered Agent

FISCHER, LEE J.  
4001 SWIFT ROAD  
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)

924 South Gondola Drive

83

84 City

VENICE

FL

85 Zip Code

34293

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE VP  
NAME FISCHER, JEFFREY L  
STREET ADDRESS 7235 ANTIQUA PLACE  
CITY-ST-ZIP SARASOTA FL 34231-2424

TITLE P ☐ DELETE

NAME FISCHER, LEE J  
STREET ADDRESS 924 S GONDOLA DR  
CITY-ST-ZIP VENICE FL 34293

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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

Date

Daytime Phone #

CR2E034 (1/1/98)