## 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 02, 1999 8:00 am Secretary of State

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DO NOT WRITE IN THIS SPACE

DOCUMENT	.129634	
1 Corporation Name		

MOUNT VERNON INSURANCE CO., INC.

Principal Place of Business

Mailing Address

4001 SWIFT ROAD SARAGOTA FL 34231" 4001-SWIFT-ROAD SARASOTA-FL-34231

Date Incorporat	ed or Ous	alited	

Personal Piece of Business   2a Mailing Address   3 Fet Number   Applied For   Not Applicable   Not Applic				08/20/1986			
Side, Apt. #, etc.    Suite, Apt. #, etc.   St. Certificate of Status Desired   Service Apt.   St. Certificate of Status Desired   Service Apt.   St. Certificate of Status Desired   St. Certificate of Desired   St. Certificate of Status Desired   St. Certificate of Desired   St. Certificate of Desired   St. Certificate   St. Cer	2. Principal Pl	lace of Business				Ар	plied For
Suite, Apt. #, etc.    Suite, Apt. #, etc.	<u> </u>	South Gondala Desc	1026 924 G. Gade	fola Deive	59-2721663	No	Applicable
City & State  23 VE u   CE FL  28 VE u   CE FL  28 Country  29 Country  29 Country  29 Country  29 Country  3 Name and Address of Current Registered Agent  FISCHER, LEE J.  4001 SWIFT ROAD  SARASOTA FL 34231  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation sudmits this statement for the purpose of changing its registered agent.  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation sudmits 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 generation of 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 office or registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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 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 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 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 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 office or registered	Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	•	1
Country   Zip	City & State		City & State	FL		7	
FISCHER, LEE J. 4001 SWIFT ROAD SARASOTA FL 34231  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named or orginatery of 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, 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or protect nums of registered agent and ties of applicable.  12. OFFICERS AND DIRECTORS  TILE  VP. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. TILE  VP. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TILE  VP. DELETE  11. TILE  P DELETE  22. NAME  STREET ADDRESS  7.235 ANTIQUA PLACE  12. STREET ADDRESS  7.245 ANTIQUA PLACE  12. STREET ADDRESS  7.255 ANTIQUA PLACE  12. STREET ADDRESS  7.255 ANTIQUA PLACE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. STREET ADDRESS  15.	Zip		Zip				ŒNo
FISCHER, LEE J. 4001 SWIFT ROAD SARASOTA FL 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 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, or youth, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and the first agent table.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. STREET ADDRESS  CITY-ST-ZIP  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY-ST-ZIP  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. Change Addition  17. TITLE  P. Change Addition  Change Addition  18. TITLE  19. Change Addition  19. Change	24 0 7 20.	<u> </u>			10. Name and Address of New Registered	Agent	
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 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   Triple	FISCHER, LEE J. 4001 SWIFT ROAD  81 Name Fischer 82 Street Address (P.O. Box Number is No. 1) 83 Street Address (P.O. Box Number is No. 1) 84 Name Fischer 85 Street Address (P.O. Box Number is No. 1) 86 Street Address (P.O. Box Number is No. 1) 87 A Journ Go				ess (P.O. Box Number is Not Acceptable)	!√√ €	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and the if applicable.  SIGNATURE    SIGNATURE   SIGN	]			84 City 1/E	NICE FL	85 Zip (	Code 293
Signature, typed or printed name of registered agent and tige if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE	Affice or re	egistered agent, or both, in the State o	f Florida. Such change was auti	horized by the corporatio	oration submits this statement for the purpose o on's board of directors. I hereby accept the appo	f changing its intment as re-	registered gistered
Signature, typed or printed name of registered agent and tile if applicable.  12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   NAME	SIGNATURE						
TITLE VP. Addition PISCHER, JEFFREY L 1.1 ITITLE 1.2 NAME  STREET ADDRESS 7235 ANTIQUA PLACE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP SARASOTA FL 34231-2424 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.5 CIT						ND DIDECTO	NDC (N. 42
NAME FISCHER, JEFFREY L STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					ADDITIONS/CHANGES TO OFFICERS A		
STREET ADDRESS   7235 ANTIQUA PLACE   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP		**	N DELETE			☐ Citalige	
CITY-ST-ZIP	NAME			<b>1</b>			ļ
TITLE         P         DELETE         2.1 TITLE         Change         Addition           NAME         FISCHER, LEE J         22 NAME  <	STREET ADDRESS	I =		1.3 STREET ADDRESS			
NAME   FISCHER, LEE J   22 NAME   23 STREET ADDRESS   24 S GONDOLA OR   23 STREET ADDRESS   VENICE FL 34293   2.4 CITY-ST-ZIP	CITY-ST-ZIP	——————————————————————————————————————			17.5		
STREET ADDRESS   924 S GONDOLA DR   2.3 STREET ADDRESS   2.4 C(TY-ST-Z)P	TITLE	P	☐ DELET€	2.1 TITLE		∟ change	☐ Addition
CITY-ST-ZIP   VENICE FL 34293   2.4 CITY-ST-ZIP	NAME			2.2 NAME			
TITLE         DELETE         3.1 TITLE         Change         Addition           NAME         32 NAME         STREET ADDRESS         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         STRUM         STRUM         Change         Addition           TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         STREET ADDRESS         4.3 STREET ADDRESS	STREET ADDRESS	924 S GONDOLA DR		2.3 STREET ADDRESS			
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SINEL POURCE	NAME			4, 2 NAME			
	\ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			4.3 STREET ADDRESS			
				4.4 CITY-ST-ZIP			
TITLE   DELETE 5.1 TITLE   Change   Addition			☐ DELETE			Change	Addition
NAME 52 NAME				I -: -:		_	}
STREET ADDRESS 5.3 STREET ADDRESS				5.3 STREET ADDRESS			

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 or an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Change

Addition