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May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000071645 (2)**

1. Corporation Name
FFVA MUTUAL INSURANCE CO.

Principal Place of Business	Mailing Address
4401 EAST COLONIAL DRIVE ORLANDO FL 32803	4401 EAST COLONIAL DRIVE ORLANDO FL 32803-5219 US

3. Date Incorporated or Qualified: 09/18/1995
3a. Date of Last Report: 04/17/1996

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 59-6828087 ☐ 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

HAIR, ALAN
4401 EAST COLONIAL DRIVE
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DANIELS, HENRY M		1.2 NAME		
STREET ADDRESS	719 CATTLEMEN ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, ARTHUR F		2.2 NAME		
STREET ADDRESS	POST OFFICE BOX 789 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL 32765		2.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	3.1 TITLE	D	XX Change ☐ Addition
NAME	ROGERS, GLENN R.		3.2 NAME		
STREET ADDRESS	1807 MORNINGSIDE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MT. DORA FL		3.4 CITY-ST-ZIP		
TITLE	D	XX DELETE	4.1 TITLE	C	☐ Change XX Addition
NAME	KLINGER, WILLIAM L		4.2 NAME	HARLLEE, PETER JR.	
STREET ADDRESS	1931 LAKE BRANTLEY ROAD		4.3 STREET ADDRESS	2308 HWY. 301, NO.	
CITY-ST-ZIP	LONGWOOD FL 32779		4.4 CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PAYNE, NORMAN C III		5.2 NAME		
STREET ADDRESS	POST OFFICE BOX 995 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	DUNDEE FL 33838		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ROE, MORGAN H		6.2 NAME		
STREET ADDRESS	POST OFFICE BOX 900 N/A		6.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33882		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Alan B. Hair 4/21/97 407/894-1351