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FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

4401 EAST COLONIAL DRIVE
ORLANDO FL 32803

Mailing Address

4401 EAST COLONIAL DRIVE
ORLANDO FL 32814-0155
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

HAIR, ALAN
4401 EAST COLONIAL DRIVE
ORLANDO FL 32803

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 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

TITLE VC ☒ DELETE
NAME DANIELS, HENRY M
STREET ADDRESS 719 CATTLEMEN ROAD
CITY-ST-ZIP SARASOTA FL

TITLE D ☐ DELETE
NAME EVANS, ARTHUR F
STREET ADDRESS POST OFFICE BOX 789 N/A
CITY-ST-ZIP OVIEDO FL 32785

TITLE D ☐ DELETE
NAME ROGERS, GLENN R.
STREET ADDRESS 1807 MORNINGSIDE DRIVE
CITY-ST-ZIP MT. DORA FL

TITLE D ☒ DELETE
NAME KLINGER, WILLIAM L
STREET ADDRESS 1031 LAKE BRANTLEY ROAD
CITY-ST-ZIP LONGWOOD FL 32779

TITLE D ☐ DELETE
NAME PAYNE, NORMAN C III
STREET ADDRESS POST OFFICE BOX 995 N/A
CITY-ST-ZIP DUNDEE FL 33838

TITLE C ☐ DELETE
NAME HARLEE, PETER JR
STREET ADDRESS 2308 HWY 301 NO.
CITY-ST-ZIP PALMETTO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VC ☐ Change ☒ Addition
1.2 NAME STRODE, RANDALL E.
1.3 STREET ADDRESS 1728 KELLY PARK RD.
1.4 CITY-ST-ZIP APOPKA, FL 32712

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 D ☐ Change ☒ Addition
4.2 NAME ROE, MORGAN H.
4.3 STREET ADDRESS 500 AVE. "R" SW
4.4 CITY-ST-ZIP WINTER HAVEN, FL 33880

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.

SIGNATURE

ALAN B. HAIR

4/23/98

107-001-1001

CR2E034 (10/97)