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PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Apr 29, 1999 8:00 am
Secretary of State
04-29-1999 90270 012 ***150.00

DOCUMENT # P95000071645

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 32814-0155 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/18/1995

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 59-6828087 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STRODE, RANDALL E.		1.2 NAME		
STREET ADDRESS	1728 KELLY PARK RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32712		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	EVANS, ARTHUR F		2.2 NAME	BYRNES, DANIEL	
STREET ADDRESS	POST OFFICE BOX 789 N/A		2.3 STREET ADDRESS	100 PROSPECT ST.	
CITY-ST-ZIP	OVIEDO FL 32765		2.4 CITY-ST-ZIP	HASTINGS, FL	
TITLE	D	☐ DELETE	3.1 TITLE	C	☒ 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	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROE, MORGAN H.		4.2 NAME		
STREET ADDRESS	500 AVE. 'R' SW		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33880		4.4 CITY-ST-ZIP		
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	C	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	HARLLEE, PETER JR		6.2 NAME		
STREET ADDRESS	2308 HWY 301 NO.		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 REQUIRED ALAN E. HAIR — 04/23/99 — 407/894-1351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #