

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra D. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **855243** (2)

1. Corporation Name

**UNITED NATIONAL INSURANCE AGENCY, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
<b>-6136 CENTRAL AVE. P. O. BOX 41000 ST. PETERSBURG FL 33740- US</b>	<b>-6136 CENTRAL AVE P O BOX 41000 ST. PETERSBURG FL 33743 US</b>

3. Date Incorporated or Qualified <b>01/14/1983</b>	3a. Date of Last Report <b>04/22/1984</b>
4. FEI Number <b>59-2164141</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>5144 Central Avenue</b>	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip <b>33707</b>	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

**MALONEY, JOHN L. ESQ.  
5335 66TH ST. N. STE 4  
STE 4  
ST. PETERSBURG FL 33709**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable) <b>5335 66th Street, N.</b>	<b>FL</b>
83	
84 City	

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 fee, if applicable) (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>V</b>
NAME	<b>YANCEY, MELINDA</b>
STREET ADDRESS	<b>2698 GOMEZ WAY, S</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>CPD</b>
NAME	<b>FRANKLIN, LARRY A.</b>
STREET ADDRESS	<b>8360 144TH LANE N.</b>
CITY - ST - ZIP	<b>SEMOLE FL</b>
TITLE	<b>SVTD</b>
NAME	<b>HAUG, NANCY D.</b>
STREET ADDRESS	<b>1645 14TH AVE., NO.</b>
CITY - ST - ZIP	<b>ST. PETERSBURG, FL 00000</b>
TITLE	<b>S</b>
NAME	<b>FELLABAUM, CARRIE</b>
STREET ADDRESS	<b>10250 36TH WAY, NORTH</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	<b>11601 4th Street, N.</b>
34 CITY - ST - ZIP	<b>St. Petersburg, FL 33716</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Carrie M. Fellabaum (Signature) **4/17/95** (Date) **(813) 321-3662** (Telephone Number)

**Carrie M. Fellabaum** (Typed Name)