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CORPORATION ANNUAL REPORT

1995

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

DOCUMENT # G10006 (6)

1. Current Corporate Name
UNIVERSAL INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
7751 BELFORT PKWY #180 JACKSONVILLE FL 32256	7751 BELFORT PKWY #180 JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1982	3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-2251989	☐ 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	

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

9. Name and Address of Current Registered Agent

KOEGLER, STEVEN C.
4655 SALISBURY RD. #390
JACKSONVILLE FL 32256

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
(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		
11 TITLE	D	11 TITLE	D	☒ Change ☐ Addition
12 NAME	ROMITA, ROCCO	12 NAME	ROMITA, ROCCO	
13 STREET ADDRESS	3801 CROWN POINT #2213	13 STREET ADDRESS	2392 Covington Crk Cir E	
14 CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville Fl 32224	
21 TITLE	PD	21 TITLE	PD	☒ Change ☐ Addition
22 NAME	ROMITA, JOAN	22 NAME	ROMITA, JOAN	
23 STREET ADDRESS	3801 CROWN POINT #2213	23 STREET ADDRESS	2392 Covington Crk Cir E	
24 CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville Fl 32224	
31 TITLE	VP	31 TITLE		☐ Change ☐ Addition
32 NAME	SMALL, ROBERT	32 NAME		
33 STREET ADDRESS	3801 CROWN POINT #2114	33 STREET ADDRESS		
34 CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP		
41 TITLE		41 TITLE		☐ Change ☐ Addition
42 NAME		42 NAME		
43 STREET ADDRESS		43 STREET ADDRESS		
44 CITY-ST-ZIP		44 CITY-ST-ZIP		
51 TITLE		51 TITLE		☐ Change ☐ Addition
52 NAME		52 NAME		
53 STREET ADDRESS		53 STREET ADDRESS		
54 CITY-ST-ZIP		54 CITY-ST-ZIP		
61 TITLE		61 TITLE		☐ Change ☐ Addition
62 NAME		62 NAME		
63 STREET ADDRESS		63 STREET ADDRESS		
64 CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 the 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: Joan Romita JOAN ROMITA 2-28-95 904-281-2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021304 CP