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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **S11143**

1. Corporation Name

NUTO OF UP COUTH INCUDANCE COMPANY

AUTU CI	LUB SOUTH INSURANCE C	OIVIPANT							
Principal Place of Business Mailing Address							11 <b>01011 010</b> 11	. 61811 81917 6	1811 81811 1881
1515 NORTH WESTSHORE BLVD. 1515 NORTH WESTSHORE BLVI									
TAMPA FL 33607 TAMPA FL 33607								<b></b>	
						DO NOT WRITE II	N THIS S	PACE	
						3. Date Incorporated or Qualifed			ļ
						12/14/1990	<del></del>		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		<b>→</b> •	plied For
21 26						59-3031102		\$8.75 A	t Applicable
Suite, Apt. #, etc.						5. Certifcate of Status Desired	]		Additional equired
22 27 City & State						Flatin Compine Financia			
City & Stat	e	City & State				6. Election Campaign Financing Trust Fund Contribution	]	\$5.00 Added t	, ,
23 Tin	Country	Zip	Coun	trv		This corporation owes the current to the curre	vear Inter		-
Zip	´	29 3	_			Personal Property Tax.			□No
24	25 9 Name and Address of Currer	<del></del>	<u></u>			10. Name and Address of New Regi			
	g. Name and Address of Curren	it itegistored rigent		81	Name		<del></del>	<u>L</u>	
JOH	n a. Tomlin				4				
1515 NORTH WESTSHORE BLVD				82 Street Address (P.O. Box Number is Not Acceptable)					
TAMPA FL 33607			T	83					
								T	
			1	84	City		FL	85 Zip (	Code
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State in familiar with, and accept the obligations.	of Florida, Such change was aut	horized :	וז עמ	named corpo ne corporation	oration submits this statement for the pur n's board of directors. I hereby accept the	pose of cl e appoint	nanging its ment as re	registered gistered
						•			1
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: R	egistered A	gent :	signature required		DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	_		1.1 TITL	1.1 TITLE			!	Change	☐ Addition {
NAME	SHARP, ROBERT R.		1.2 NAM	Æ	1				}
STREET ADDRESS	18710 PEPPER PIKE LANE		1.3 STR	EETA	ADORESS				
CITY-ST-ZIP	LUTZ FL		1,4 CITY-ST-ZIP		ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE	V	☐ DELETE	2.1 TITL	E.			i	☐ Change	Addition
NAME	O'BRIEN, THOMAS E. 22			ΛE					
STREET ADDRESS	RESS 13821 CYPRESS VILLAGE CIRCLE			2.3 STREET ADDRESS		•			
CITY-ST-ZIP			2. 4 CIT	2. 4 CITY-ST-ZIP					
TITLE	SVT	☐ DELETE	3.1 TITL	E		-		Change	☐ Addition
NAME	TORRENCE, JOHN A.	ORRENCE, JOHN A. 32 N		Æ					ì
STREET ADDRESS	5016 AVENUE AVIGNON 3		3.3 STR	3.3 STREET ADDRESS					ļ
CITY-ST-ZIP	TAMPA FL 34.0		3.4, CIT	3.4. CITY-ST-ZIP					
TITLE	V	☐ DELETE	4.1 TITL	£				☐ Change	☐ Addition
NAME	TOMLIN, JOHN A.		4. 2 NA	ME					
STREET ADDRESS			4.3 STR	REETA	ADDRESS				
CITY-ST-ZIP	LUTZ FL 4.4 CI		4.4 CIT	Y-ST-	ZIP				
TITLE	V	☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME	PATRICK, LARRY		5.2 NAA	Æ					
STREET ADDRESS	508 RUNNING HORSE RD		5.3 STR	REETA	ADDRESS				
CITY-ST-ZIP	SEFFNER FL		5.4 CIT	Y-ST-	ZIP				,
TITLE		☐ DELETE	6.1 TITL	.E				Change	☐ Addition
NAME			6.2 NAN	đΕ	1				

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

John A. Torrence, SVP 1/11/99 (813) 289-5902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Description Phone #