FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR -7 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L25721** **(6)**

1. Corporation Name
UNISOURCE INSURANCE COMPANY

Principal Place of Business	Mailing Address
% RALPH R. MADIO 200 SOUTH PARK ROAD. #465 HOLLYWOOD FL 33021	% RALPH R. MADIO 200 SOUTH PARK ROAD. #465 HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/27/1989
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

4. FEI Number: 65-0158251 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301	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, type 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SOUTAR, JACK H.	1.2 NAME	
STREET ADDRESS	9175 N. BAYSHORE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	YORK, WOODY N	2.2 NAME	
STREET ADDRESS	1223 ROXMERE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHEUREN, JOHN P.	3.2 NAME	
STREET ADDRESS	~~711 12TH ST N~~	3.3 STREET ADDRESS	1392 Monterey Blvd. N.E.
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, FL 33704
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	STROTHER, JAMES E.	4.2 NAME	
STREET ADDRESS	~~6500 OLD VALLEY SCHOOL~~	4.3 STREET ADDRESS	3535 Shirley Street
CITY-ST-ZIP	~~KERNERSVILLE NC~~	4.4 CITY-ST-ZIP	Walkertown, NC 27051
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MADIO, RALPH R.	5.2 NAME	
STREET ADDRESS	~~200 SOUTH PARK RD, #465~~	5.3 STREET ADDRESS	2514 Hollywood Blvd. #406
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	Hollywood, FL 33020
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 in changed or on an attachment with an address.

SIGNATURE: Ralph R. Madio 02/06/95 305-925-6644
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Ralph R. Madio, Managing Director

0003702 CP