

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L25721** (6)

1. Corporation Name

UNISOURCE INSURANCE COMPANY



Principal Place of Business

% RALPH R. MADIO
200 SOUTH PARK ROAD. #465
HOLLYWOOD FL 33021

Mailing Address

% RALPH R. MADIO
200 SOUTH PARK ROAD. #465
HOLLYWOOD FL 33021

2. Principal Place of Business

2a. Mailing Address

21

26

P. O. Box 7089

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Hollywood FL

Zip

Country

Zip

Country

24

25

29

33081

30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

10/27/1989

3a. Date of Last Report

03/07/1995

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

D
SOUTAR, JACK H.
9175 N. BAYSHORE DRIVE
MIAMI SHORES FL

TITLE NAME ☐ DELETE

D
YORK, WOODY N
1223 ROXMERE RD
TAMPA FL

TITLE NAME ☐ DELETE

D
SCHEUREN, JOHN P.
1392 MONTEREY BLVD NE
ST. PETERSBURG FL

TITLE NAME ☐ DELETE

D
STROTHER, JAMES E.
3535 SHIRLEY ST
WALKERTOWN NC

TITLE NAME ☐ DELETE

D
MADIO, RALPH R.
2514 HOLLYWOOD BLVD #406
HOLLYWOOD FL

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-96

954-925-6644

Date

Daytime Phone #

CR2E034 (12/95)