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

CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(6)

**DOCUMENT #** 1. Corporation Name

UNISOURCE INSURANCE COMPANY

| Principal Place | e of Business  | Mailing Address  |                                     |  | sas iyas ayası bibil alatı eleti eseli bibil ibel |
|-----------------|--|--|-------------------------------------|--|---|
|                 | r. madio<br>H Park Road. #465<br>DD FL 33021         | % RALPH R. MADIO<br>200 SOUTH PARK RO/<br>HOLLYWOOD FL 33021 |                                     |  |   |
|                 |  |  |                                     | 3. Date Incorporated or Qualified 10/27/1989   | 3a. Date of Last Report 03/07/1995                |
|                 | ace of Business                                      | 2a. Mailing Address  |                                     | 4. FEI Number  | Applied For                                       |
| Suite, Apt.     | # oto  | 26 P. O. Box   | 7089                                | 65-0158251   | Not Applicable                                    |
| 22              |  | Suite, Apt. #, etc.  |                                     | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required                    |
| City & State    | <del>2</del>   | City & State  28 HOLLY WOOD                                  | FL                                  | 6. Election Campaign Financing   | \$5.00 May Be                                     |
| Zip             | Country  | 28 HOLLY WOOD  | Country                             | Trust Fund Contribution  | Added to Fees                                     |
| 24              | 25   |  | 30                                  | 8. This corporation has liability for a Florida Statutes X Yes                       | ntangible tax under s. 199.032,<br>☐ No           |
|                 | 9. Name and Address of Curren                        |  | 301                                 | 10. Name and Address of New R  |   |
|                 |  |  | 81 Name                             | 10.  | ogistered Agent                                   |
| INSUR           | ANCE COMMISSIONER                                    |  | 99 0                                | (n o p - 1)  |   |
| THE CAPITOL     |  |  | 82 Street Addr                      | ess (P.O. Box Number is Not Acceptable   | .e)   |
| TALLA           | HASSEE FL 32301                                      |  | 83                                  |  |   |
|                 |  |  | 04 64                               | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~   |   |
| !               |  |  | 84 City                             |  | FI 85 Zip Code                                    |
| 11. Pursuant t  | o the provisions of Sections 607.0502                | and 607.1508, Florida Statutes,                              | the above named corpora             | ation submits this statement for the purp<br>d of directors. Thereby accept the appo | cose of changing its registered office            |
| familiar wit    | h, and accept the obligations of, Section            | on 607.0505, Florida Statutes.                               | by the corporation's boar           | d of directors. Thereby accept the appo  | intment as régistered agent. Lam                  |
| SIGNATURE _     |  |  |                                     |  |   |
|                 | Signature, typed or printed name of registered agent |  | Hagistored Agent signature requires |  | DATE  |
| 12.<br>Tille    | OFFICERS AND   | DELETE   | 13.                                 | ADDITIONS/CHANGES TO OFFICE  | · · · · · · · · · · · · · · · · · · ·             |
| NAME            | SOUTAR, JACK H.                                      | [ ] Derete   | 1. 1 TITLE                          |  | Change Addition                                   |
| STREET ADDRESS  | 9175 N. BAYSHORE DRIVE                               |  | 1.2 NAME                            |  |   |
|                 | MIAMI SHORES FL                                      |  | 1.3 STREET ADDRESS                  |  |   |
| CITY+ST-ZIP     | D  | [ ] DELETE   | 1.4 CITY - ST - ZIP                 |  |   |
| NAME            | YORK, WOODY N  | [1] percit   | 2 1 TITLE                           |  | Change Addition                                   |
| STREET ADDRESS  | 1223 ROXMERE RD                                      |  | 2 2 NAME                            |  |   |
| CITY-ST-ZIP     | TAMPA FL   |  | 2.3 STREET ADDRESS                  |  |   |
| TITLE           | D  | □ DELETE   | 2.4 CITY - ST - ZIP                 |  |   |
| NAME            | SCHEUREN, JOHN P.                                    | L] beccie  | 3 1 TITLE<br>3 2 NAME               |  | Change 🔲 Addition                                 |
| STREET ADDRESS  | 1392 MONTEREY BLVD NE                                |  | 33 STREET ADDRESS                   |  |   |
| CITY-ST-ZIP     | ST. PETERSBURG FL                                    |  | 3.4 CHY-ST-ZIP                      |  | }   |
| TITLE           | D  | DELETE   | 4 1 TITLE                           |  | Change Addition                                   |
| NAME            | STROTHER, JAMES E.                                   |  | 4.2 NAME                            |  |   |
| STREET ADDRESS  | 3535 SHIRLEY ST                                      |  | 4.3 STREET ADDRESS                  |  | ļ   |
| CITY-ST-ZIP     | WALKERTOWN NC  |  | 4.4 CITY - \$1 - 21P                |  |   |
| TIPLE           | D  | DELETE   | 5 1 Title                           |  | Change Addition                                   |
| NAME            | MADIO, RALPH R.                                      | ·  | 5.2 NAME                            |  | C average C virginian                             |
| STREET ADDRESS  | 2514 HOLLYWOOD BLVD #4                               | 106  | 5.3 STREET ADDRESS                  |  |   |
| CITY-ST-ZIP     | HOLLYWOOD FL   |  | 5.4 Crty-ST-ZIP                     |  |   |
| FITLE           |  | DELETE   | 6 1 TITLE                           |  | Change Addition                                   |
| NAME            |  |  | 6.2 NAME                            |  |   |
| STREET ADDRESS  |  |  | 6.3 STREET ADDRESS                  |  | j   |
| CrTY-ST-ZrP     |  |  | 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 119.07(3)(a). 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 13 if chapged, open an adjichment with an address.

SIGNATURE: \_\_

SIGNATURE AND TYPED OR PRINTED NAME OF

3-18-96 954-975-6644