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Feb 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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. #485
HOLLYWOOD FL 33021

Mailing Address

PO BOX 7089
200 SOUTH PARK ROAD. #485
HOLLYWOOD FL 33021-8549
US

3. Date Incorporated or Qualified
10/27/1989

3a. Date of Last Report
03/22/1996

2. Principal Place of Business

21 P.O. Box 7089

Suite Apt # etc.

22 City & State

23 Hollywood FL

Zip

24 33081

Country

25 USA

2a. Mailing Address

26 P.O. Box 7089

Suite Apt #, etc.

27 City & State

28 Hollywood FL

Zip

29 33081

Country

30 USA

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

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SOUTAR, JACK H.
STREET ADDRESS 9175 N. BAYSHORE DRIVE
CITY-ST-ZIP MIAMI SHORES FL

TITLE D ☐ DELETE
NAME YORK, WOODY N
STREET ADDRESS 1223 ROXMER RD
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE
NAME SCHEUREN, JOHN P.
STREET ADDRESS 1392 MONTEREY BLVD NE
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE
NAME STROTHER, JAMES E.
STREET ADDRESS 3535 SHIRLEY ST
CITY-ST-ZIP WALKERTOWN NC

TITLE D ☐ DELETE
NAME MADIO, RALPH R.
STREET ADDRESS 2514 HOLLYWOOD BLVD #408
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ 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 ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)