## **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**PROFIT** CORPORATION ANNUÂL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## POCUMENT # P96000049123 (8)

FIRST UNION INSURANCE AGENCY OF FL, INC.

Principal Place of Business Mailing Address					1 10011001 112 12110 21111 20111 02111 CELLS	18114 GABAN 19181 11819 111	992 IIII 1 <b>33</b> 1
		17985 GULF BOULEV REDINGTON FL 3370					
					3. Date Incorporated or Qualified 06/10/1996	3a. Date of Lasi	Report
	Place of Business	2a. Mailing Address			4. Fet Number		Applied For
21		26			59-3387886		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	).		5. Certificate of Status Desired		Additional Required
City & Stat	la .	City & State			6. Election Campaign Financing		<del></del>
23		28			Frust Fund Contribution		<b>0</b> May Be d to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for in		
24	25	29	30			Yes No	0. 100.0021
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New Reg	istered Agent	
THE	PRENTICE-HALL CORPORATION	I SYSTEM, INC.		81 Name			
	I HAYS STREET	, , , , , , , , , , , , , , , , , , , ,	-	82 Street Add	ress (P.O. Box Number is Not Acceptab	(6)	
	LAHASSEE FL 32301			Street Address (1.0. box Number is Not Acceptable)			
				83			
			}	84 City		<b>■• 85</b> Zij	p Code
				City			p Code
11. Pursuant office or a agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligi	2 and 607.1508, Florida 5 of Florida Such change ations of, Section 607.050	Statutes, the ab was authorized 5, Florida State	ove-named corpora by the corpora lies.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing I the appointment a	its registered as registered
SIGNATURE							
	Signature, typed or printed name of rog stered agr			Agent signature requi		DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	O CONTRA MADION A ID	DELET		· 1		Change	e
NAME	COWELL, MARION A JR	7 A4AT ELAAD	1.2 NA	l	see attached		
STREET ADDRESS	301 SOUTH COLLEGE STREET	3151 FLOOR		REE1 ADDRESS	DEC MINNELLEW		
CITY-ST-ZIP	CHARLOTTE NC 28288	DOLE1		Y-\$1-7IP		Change	a Addition
TITLE	man all 1	DELET	1	)		L_J Change	e L Addition
NAME	See attached		2.2 NA				
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CITY-ST-ZIP		DELET		TY-ST-ZIP		Change	e Addition
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CITY-ST-ZIP TITLE	<del> </del>	DELET		Y-S1-7IP		Change	e Addition
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	<u> </u>		I.	l l			
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CITY-ST-ZIP TITLE	·	DELE1		Y-\$1-7IP		☐ Change	e Addition
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CTOCCT ANABECC	<b>\</b>		II.	Mt REL1 ANDRESS			
STREET BUT BUT A							

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 eath; 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 chair

**FILED** 

Jun 10 1997 8:00am

Secretary of State

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## FIRST UNION INSURANCE AGENCY OF FL, INC. YEAR ENDING DECEMBER, 1996 LISTING OF OFFICERS:

OFFICE	<u>NAME</u>	<u>ADDRESS</u>
PRESIDEN'T	DWIGHT C MOODY	ONE FIRST UNION CENTER CHARLOTTE, NC 28288
VICE PRESIDENT	WARREN LEIGHTON	TWO FIRST UNION CENTER CHARLOTTE, NC 28288
SECRETARY	KENT S HATHAWAY	ONE FIRST UNION CENTER CHARLOTTE, NC 28288
TREASURER	JAMES H HATCH	TWO FIRST UNION CENTER CHARLOTTE, NC 28288
DIRECTOR	EDWARD E CRUTCHFIELD	ONE FIRST UNION CENTER CHARLOTTE, NC 28288
DIRECTOR	JOHN R GEORGIUS	ONE FIRST UNION CENTER CHARLOTTE, NC 28288
DIRECTOR	ROBERT T ATWOOD	ONE FIRST UNION CENTER CHARLOTTE, NC 28288