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Feb 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000049123 (8)

1. Corporation Name

FIRST UNION INSURANCE AGENCY OF FL, INC.

Principal Place of Business

17965 GULF BOULEVARD
REDINGTON FL 33708

Mailing Address

17965 GULF BOULEVARD
REDINGTON FL 33708



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1996

4. FEI Number

59-3387886

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
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 ☐ DELETE

NAME D COWELL, MARION A JR

STREET ADDRESS 301 SOUTH COLLEGE STREET 31ST FLOOR

CITY-ST-ZIP CHARLOTTE NC 28288

TITLE ☒ DELETE

NAME P MOODY, DWIGHT C

STREET ADDRESS ONE FIRST UNION CENTER

CITY-ST-ZIP CHARLOTTE NC

TITLE ☒ DELETE

NAME VP LEIGHTON, WARREN

STREET ADDRESS TWO FIRST UNION CENTER

CITY-ST-ZIP CHARLOTTE NC

TITLE ☐ DELETE

NAME S HATHAWAY, KENT S

STREET ADDRESS ONE FIRST UNION CENTER

CITY-ST-ZIP CHARLOTTE NC

TITLE ☐ DELETE

NAME T HATCH, JAMES

STREET ADDRESS TWO FIRST UNION CENTER

CITY-ST-ZIP CHARLOTTE NC

TITLE ☐ DELETE

NAME D ATWOOD, ROBERT T

STREET ADDRESS ONE FIRST UNION CENTER

CITY-ST-ZIP CHARLOTTE NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME President

1.3 STREET ADDRESS David E. De Gorter

1.4 CITY-ST-ZIP One First Union Center

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Vice President

2.3 STREET ADDRESS S. David Yorker

2.4 CITY-ST-ZIP Two First Union Center

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME Charlotte, N.C. 28288

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 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 if changed, or on an attachment with an address.

SIGNATURE: David E. De Gorter REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/98

Date

704-374-6841

Daytime Phone # 0408303

CR2E034 (10/97)