

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90008 043 ***150.00

DOCUMENT # P96000049123

1. Corporation Name

FIRST UNION INSURANCE AGENCY OF FL, INC.

Principal Place of Business

17985 GULF BOULEVARD
REDINGTON FL 33708

Mailing Address

17985 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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

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 DEGORTER, DAVID J

STREET ADDRESS ONE FIRST UNION CENTER

CITY-ST-ZIP CHARLOTTE NC 28288

TITLE ☒ DELETE

NAME VP YORKER, J D

STREET ADDRESS TWO FIRST UNION CENTER

CITY-ST-ZIP CHARLOTTE NC 28288

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 VP

1.3 STREET ADDRESS David W. Reed

1.4 CITY-ST-ZIP Two First Union Center

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP Charlotte NC 28288

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 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, with all other like empowered.

SIGNATURE: *David W. Reed* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99

Date

704-374-6841

Daytime Phone #

CR2E034 (11/98)