


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

05-24-2004 90009 032 \*\*\*150.00

<b>DOCUMENT # P97000029527</b>	
1. Entity Name <b>UNION PLANTERS INSURANCE AGENCY OF FLORIDA, INC.</b>	

Principal Place of Business <b>9431 US HIGHWAY 19 PORT RICHEY, FL 34668</b>	Mailing Address <del><b>9431 US HIGHWAY 19 PORT RICHEY, FL 34668</b></del>
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**14022831**



2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>810 Crescent Centre Dr. 300</b>	
City & State		City & State <b>Franklin TN</b>	
Zip	Country	Zip <b>37220</b>	Country <b>U.S.</b>

05062004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0755413</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *See attached letter* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$650.00  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KENNEBACK, ALAN W 6200 POPLAR AVE MEMPHIS, TN 38119</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director John V. White 6200 Poplar Ave Memphis TN 38119</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COLLINS, JOANNE B 6200 POPLAR AVE MEMPHIS, TN 38119</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary Gary T. Lowry 7130 Goodlett Farms Pkwy Cordova TN 38018</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D YEAGER, MARGARET A 810 CRESCENT CENTRE DRIVE, SUITE 300 FRANKLIN, TN 37067</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOC KENNEBACK, ALAN W 6200 POPLAR AVE MEMPHIS, TN 38119</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman John V. White 6200 Poplar Ave Memphis TN 38119</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P COLLINS, JOANNE B 6200 POPLAR AVE MEMPHIS, TN 38119</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP PEARMAN, CHARLES I 810 CRESCENT CENTRE DR SUITE 300 FRANKLIN, TN 37067</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Van R. Fillmore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*05/06/04*  
Date Daytime Phone #



Attachment  
14022831  
# P97000029527

*The Strength To Soar*

May 7, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Annual Report for Union Planters Insurance Agency of Florida, Inc.

To Whom It May Concern:

Once again, I am writing to your office requesting a correction to the mailing address you have on file for our corporation. Due to an incorrect mailing address, we have not received our annual report for several years.

I appreciate your offer to waive any and all late filing fees, and do accept that offer. Should you have any questions regarding this matter, please contact me at (615) 309-3565.

Sincerely,

A handwritten signature in cursive script that reads "Sandie D. Clark".

Sandie D. Clark  
Legal Administrator

Attachment  
14022831  
# P97000029527

**PFIC AGENCIES  
AND  
UNION PLANTERS INSURANCE AGENCIES OFFICERS**

**AGENCY DIRECTORS**

JOHN V. WHITE	6200 Poplar Ave, Memphis TN 38119
CHARLES I. PEARMAN	810 Crescent Centre Drive, Suite 300, Franklin TN 37067
MARGARET A. YEAGER	810 Crescent Centre Drive, Suite 300, Franklin TN 37067

**AGENCY OFFICERS**

JOHN V. WHITE, Chairman	6200 Poplar Ave, Memphis TN 38119
CHARLES I. PEARMAN, Executive Vice President	810 Crescent Centre Dr., Suite 300, Franklin TN 37067
MARGARET A. YEAGER, President	810 Crescent Centre Dr., Suite 300, Franklin TN 37067
RANDY E. BUTLER, Treasurer	810 Crescent Centre Dr., Suite 300, Franklin TN 37067
PAM R. FILLMORE, Secretary	810 Crescent Centre Dr., Suite 300, Franklin TN 37067
GARY T. LOWRY, Assistant Secretary	7130 Goodlett Farms Pkwy, Cordova TN 38018