
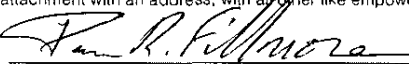


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-24-2004 90001 043 ***150.00

DOCUMENT # P97000034246					
1. Entity Name PFIC FLORIDA AGENCY, INC.					
Principal Place of Business 9431 US HIGHWAY 19 PORT RICHEY, FL 34668			Mailing Address 9431 US HIGHWAY 19 PORT RICHEY, FL 34668		
2. Principal Place of Business		3. Mailing Address 810 Crescent Centre Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 300			
City & State		City & State Franklin TN			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		37220			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
See attached letter 150.00 FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEOC	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNEBECK, ALANARET W		NAME	John V. White	
STREET ADDRESS	6200 POPLAR AVE		STREET ADDRESS	6200 Poplar Ave	
CITY-ST-ZIP	MEMPHIS, TN 38119		CITY-ST-ZIP	Memphis TN 38119	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINS, JOANNE B		NAME	Gary T. Lowry	
STREET ADDRESS	6200 POPLAR AVE		STREET ADDRESS	7130 Goodlett Farms Pkwy	
CITY-ST-ZIP	MEMPHIS, TN 38119		CITY-ST-ZIP	Cordova TN 38018	
TITLE	EVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARMAN, CHARLES I		NAME		
STREET ADDRESS	810 CRESCENT CENTRE DR SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	FRANKLIN, TN 37067		CITY-ST-ZIP		
TITLE	EVP	<input type="checkbox"/> Delete	TITLE	Chairman	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YEAGER, MARGARET		NAME	John V. White	
STREET ADDRESS	810 CRESCENT CENTRE DR SUITE 300		STREET ADDRESS	6200 Poplar Ave	
CITY-ST-ZIP	FRANKLIN, TN 37067		CITY-ST-ZIP	Memphis TN 38119	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, RANDY E		NAME		
STREET ADDRESS	810 CRESCENT CENTRE DR SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	FRANKLIN, TN 37067		CITY-ST-ZIP		
TITLE	AT	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, SCOTT F		NAME		
STREET ADDRESS	810 CRESCENT CENTRE DR SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	FRANKLIN, TN 37067		CITY-ST-ZIP		
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: 			05/06/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

54055275



05062004 Chg-P CR2E034 (10/03)

4. FEI Number 62-1699718 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FL

Zip Code

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

54053375

P9 7000034246

**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