

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S42222** (7)

1. Corporation Name

UNION PREMIUM ACCEPTANCE CORP.



Principal Place of Business

**401 S 25TH ST
FT PIERCE FL 34947**

Mailing Address

**401 S 25TH ST
FT PIERCE FL 34947**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, JERRY L.
401 S 25TH ST
FT PIERCE FL 34947**

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 607.1504, 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

Date Registered Agent Signature is Valid

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

**D
SMITH, JERRY L.
3645 3RD ST
VERO BEACH FL
S
SMITH, MARIANNE F.
3645 3RD ST.
VERO BEACH FL**

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, STATE, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, STATE, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, STATE, ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, STATE, ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, STATE, ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, STATE, ZIP
25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY, STATE, ZIP
29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY, STATE, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 X beside.

SIGNATURE:

[Signature]

JERRY L. SMITH 2/24/96

407-468-3500

Signature and Typed or Printed Name of Signing Officer or Director

Phone Number

CR2E034 (12/95)