

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 # **P37757** (2)

1. Corporation Name

UNIFIED INDUSTRIES INCORPORATED



Principal Place of Business

**6551 LOISDALE COURT
SUITE 400
ALEXANDRIA VA 22310**

Mailing Address

**6551 LOISDALE COURT
SUITE 400
SPRINGFIELD VA 22150-1854
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt., #, etc.

Suite, Apt., #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

29

22150-1854

9. Name and Address of Current Registered Agent

**GRANT, JERRE L.
1515A PENMAN ROAD
BUILDING #500
JACKSONVILLE BEACH FL 32250**

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 607.06(2) and 607.15(2), Florida Statutes, the above named corporation certifies 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. Thereby it accepts the appointment as registered agent. This form is void and ineffectual without filing of this statement in the State of Florida.

SIGNATURE

12. OFFICERS AND DIRECTORS

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

**DCP
ADAMS, THEODORE A., JR.
10918 HAMPTON ROAD
FAIRFAX STATION VA
DVC
LONG, HERBERT E., JR.
P O BOX 207 N/A
SPRINGHORSE PA
D
MEYER, JOSEPH S.
309 YOAKUM PKWY. #201
ALEXANDRIA VA
D
LEE, JAMES
9107 ASHMEADOW CT.
LORTON VA
VP
LONG, HERBERT E., JR.
P O BOX 207 N/A
SPRINGHORSE PA
S
MEYER, JOSEPH S.
309 YOAKUM PKWY.
ALEXANDRIA VA**

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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
33. TITLE
34. NAME
35. STREET ADDRESS
36. CITY-STATE-ZIP
37. TITLE
38. NAME
39. STREET ADDRESS
40. CITY-STATE-ZIP
41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP
45. TITLE
46. NAME
47. STREET ADDRESS
48. CITY-STATE-ZIP
49. TITLE
50. NAME
51. STREET ADDRESS
52. CITY-STATE-ZIP
53. TITLE
54. NAME
55. STREET ADDRESS
56. CITY-STATE-ZIP
57. TITLE
58. NAME
59. STREET ADDRESS
60. CITY-STATE-ZIP
61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-STATE-ZIP
65. TITLE
66. NAME
67. STREET ADDRESS
68. CITY-STATE-ZIP
69. TITLE
70. NAME
71. STREET ADDRESS
72. CITY-STATE-ZIP
73. TITLE
74. NAME
75. STREET ADDRESS
76. CITY-STATE-ZIP
77. TITLE
78. NAME
79. STREET ADDRESS
80. CITY-STATE-ZIP
81. TITLE
82. NAME
83. STREET ADDRESS
84. CITY-STATE-ZIP
85. TITLE
86. NAME
87. STREET ADDRESS
88. CITY-STATE-ZIP
89. TITLE
90. NAME
91. STREET ADDRESS
92. CITY-STATE-ZIP
93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY-STATE-ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY-STATE-ZIP

D/V

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is true and correct, and that I am not qualified for the exemption status in Section 119.06(4)(b), Florida Statutes. I further certify that the information furnished hereon can be relied upon for supplemental financial report as required 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 registered 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 of this report.

SIGNATURE:

Theodore A. Adams, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96 703/922-9800

CR2E034 (12/95)