

RECORD NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 3, 1996, UNLESS YOU FILE AN ANNUAL REPORT WITHIN THE SPECIFIED PERIOD. FAILURE TO FILE AN ANNUAL REPORT WILL RESULT IN THE CORPORATION BEING DISSOLVED.

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN 14 AM 9:53

DOCUMENT # **P92000009646 (0)**  
1. Corporation Name

**UCS UNITED CENTRAL SERVICE, INC.**

Principal Place of Business Mailing Address  
10553 BRIDGE CREEK DR PENSACOLA FL 32508-9565  
10553 BRIDGE CREEK DR PENSACOLA FL 32508-9565

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>12/04/1992</b>	3a. Date of Last Report <b>07/01/1994</b>
4. FEI Number <b>59-3153598</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**GASTER, WAYNE J  
10553 BRIDGE CREEK DR  
PENSACOLA FL 32508-9565**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	<b>DPTS</b>
NAME	<b>GASTER, WAYNE J</b>
STREET ADDRESS	<b>10553 BRIDGE CREEK DR.</b>
CITY - ST - ZIP	<b>PENSACOLA FL 32508-9565</b>
TITLE	<b>C</b>
NAME	<b>GASTER, WAYNE J</b>
STREET ADDRESS	<b>10553 BRIDGE CREEK DR.</b>
CITY - ST - ZIP	<b>PENSACOLA FL 32508-9565</b>
TITLE	<b>DVVS</b>
NAME	<b>GASTER, MARIA R</b>
STREET ADDRESS	<b>10553 BRIDGE CREEK DR.</b>
CITY - ST - ZIP	<b>PENSACOLA FL 32508-9565</b>
TITLE	<b>VT</b>
NAME	<b>GASTER, MARIA R</b>
STREET ADDRESS	<b>10553 BRIDGE CREEK DR.</b>
CITY - ST - ZIP	<b>PENSACOLA FL 32508-9565</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(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 as an attachment with an address.

SIGNATURE: *Wayne J. Gaster* **Wayne J. Gaster** **6 JUNE 1995** **904-456-5900**  
Signature typed or printed name of signing officer or director. (Date) (Telephone Number)

CR2E034 (3/95)