FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P96000101643 (0)

UNITED ASSOCIATION SERVICES, INC.

FILED Mar 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								- 1		1001 11010 0 1111 1 01	484 (()) (84)
116 SOUTH MONROE STREET 116 SOUTH MONROE ST TALLAHASSEE FL 32301 TALLAHASSEE FL 32301								DO NOT WRIT	E INLTUIC	CDACE.	
								3. Date Incorporated or Qualified		SPACE	··
								12/17/1996			
2. Principal Place of Business 2a. Mailing Address								4. FEI Number		- Ar	plied For
21		26	26				59-3414490			t Applicable	
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional	
22		27					a. Certificate of Status Desired		Fee Re	equired	
City & Stat	te	City .	City & State				8. Election Campaign Financing		\$5.00		
23			28	·			Trust Fund Contribution Added to Fees				
Zip	Country		_ h	⊢ ' ⊢ '			,	8. This corporation owes or has paid the current year Intengible			
24 25 9. Name and Address of Current I				29 30 Registered Agent				Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent			
Q1			(Criogistorou			81	Name	10, 110,110 21000 011100 11	<u> </u>	- Agoin	
STAHL, THOMAS W 116 SOUTH MONROE STREET											<u></u>
TALLAHASSEE FL 32301						82	Street Addre	ess (P.O. Box Number is Not Accepte	ible)		1
						83	····				
								······································			
						84	City		FL	_ 85 Zip (Code
11. Pursuant	to the provisio	ns of Sections 607.050	2 and 607.150	08, Ftorida Statu	tes, the a	bove	e-named corpo	oration submits this statement for the	purpose o	of changing its	s registered
office or r	re giste red ager am familiar with	nt, or both, in the State , and accept the oblig	of Florida, Su ations of, Sect	ch change was ion 607.0505. Fi	authorize Iorida Sta	d by tutes	the corporation	on's board of directors. I hereby acce	pt the app	ointment as	registered
SIGNATURE		, and arrapt the c-ng	a 0/1 000.				··				
SIGNATURE	Signature, typed or	printed name of registered ag-	ent and title if applic	able. (NO	TE: Registere	d Age	nt signature require	d when reinstating)	DATE		
12.	,	OFFICERS AN	D DIRECTORS		13.			ADDITIONS/CHANGES TO OFF	CERS AN		
TITLE	D	3101440		☐ DELETE	1.1 (1]			L_ Change	☐ Addition
NAME STAHL, THOMAS					1.2 N	AME					1
STREET ADDRESS 116 SOUTH MONROE STREET			t I	1.3 ST			AODRESS				
CITY-ST-ZIP		SSEE FL 32301		T or ere	_	ITY-S	T-ZIP				
TITLE	D	MARCH		☐ DELETE	2.1 (1					Change	☐ Addition
NAME	PHILLIPS	•			2.2 N						
STREET ADDRESS	1	TH MONROE STRE	C1				ADDRESS				ļ
CITY-ST-ZIP	D	SSEE FL 32301		DELETE	2.4 C		ST-ZIP			Change	Addition
TITLE		S, JEFFREY		_ 0000						CT Oliginate	LI MARINON
NAME CTOTET ADDOCCO		IFRED DR.		•	3.2 N/		ADDRESS				
STREET ADDRESS		O FL 32803			1						
CITY-ST-ZIP TITLE	D	4 1 E 0E000		DELETE	3.4. C		1-217			Change	Addition
NAME		CE, FRANK			4.2 N		Ì				
STREET ADORESS		RLANDO AVE., SUI	TE 210				ADDRESS				}
CITY-ST-ZIP	WINTER PARK FL 32789					TY-\$1					
TITLE	D	45144		DELETE	5.1 TI		1-411			Change	Addition
NAME	RICHARD	S, BUDDY			5.2 N/					•	
STREET ADDRESS	26049 FA						ADDRESS				
City-St-ZiP		A FL 34705			5.4 CI						
TITLE			~~~	DELETE	6.1 TI					Change	Addition
NAME					6.2 N/			•		•	
STREET ADDRESS							ADDRESS				ľ
CITY-ST-ZIP						TY-SI		•			

14. 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 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 indicated.

SIGNATURE:

2-26-98