

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90017 038 ***150.00

DOCUMENT # P98000031059

1. Corporation Name
UNIT 204, INC.

Principal Place of Business
**182 SEA HAMMOCK WAY
PONTE VEDRA BEACH FL 32082**

Mailing Address
**182 SEA HAMMOCK WAY
PONTE VEDRA BEACH FL 32082**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1998

4. FEI Number

59-3503017

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. Box 1585**

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

32004-1585

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRANT, MOORE, MACDONALD & WELLS, P.A.
50 NORTH LAURA STREET
SUITE 3100 - BARNETT CENTER
JACKSONVILLE FL 32202**

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **OTROK, MICHAEL J**
STREET ADDRESS **182 SEA HAMMOCK WAY**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

1.1 TITLE **D, P** ☒ Change ☐ Addition
1.2 NAME **Otrok, Michael J.**
1.3 STREET ADDRESS **182 Sea Hammock Way**
1.4 CITY-ST-ZIP **Ponte Vedra Beach FL 32082**

TITLE **D** ☐ DELETE
NAME **HURD, GEORGE A JR.**
STREET ADDRESS **182 SEA HAMMOCK WAY**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

2.1 TITLE **D, VP** ☒ Change ☐ Addition
2.2 NAME **Hurd, George A Jr.**
2.3 STREET ADDRESS **Santee Mill Rd. RD 2**
2.4 CITY-ST-ZIP **Bethlehem PA 18017**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE **D, S** ☐ Change ☒ Addition
3.2 NAME **Robert J. Hubbs**
3.3 STREET ADDRESS **Santee Mill Rd. RD 2**
3.4 CITY-ST-ZIP **Bethlehem PA 18017**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Otrok

Date

4/5/99

Daytime Phone #

609-655-0185

CR2E034 (1/198)