FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 JAN 20

CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Feb 17 1998 8:00am Secretary of State

	1998	DIVIS	ON OF CORPOR	IATIONS	Secretary	or State
DOCU 1. Corporation	MENT # P930	00065438	(2)			
UNITE	d enterprises of or	ANGE COUNTY, IN	C.			
Principal Place of Business		Mailing Address		, 1001104) 112 (210) 1171 2017 2017 2017	10. million and a 41121 1211 1221	
108 COMMERCE ST. 105 LAKE MARY FL 32746		108 COMMERCE ST. 105 Lake Mary Fl 32746			DO NOT WRITE IN THIS	SPACE
US		US		3. Date Incorporated or Qualified		
				·	09/15/1993	
2. Principal Place of Business		2n. Mailing Address		4. FEI Number	Applied For	
21		26		59-3204216	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #,	etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζιρ 29	30 Co	entry	This corporation owes or has paid the cu Personal Property Tax due June 30.	rrent year Intangible ☐ Yes ☑️No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent
	C CORPORATE SERVICES (OF CENTRAL FL INC.		81 Name		
390 N. ORANGE AVENUE SUITE 1100			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)		
ŌF	RI ANDO FL 32801			83		

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 Floridi. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

City

SIGNATURE								
		Ringistered Agent signature r						
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D DELETE	1.1 TOLE	Change Addition					
NAME	MCKENNA, MICHAEL F SR	. 1.2 NAME						
STREET ADDRESS	202 LIVE OAK BLVD.	1.3 STREET ADDRESS						
CITY - ST - ZIP	CASSELBERRY FL	1.4 CITY - ST- ZIP						
TITLE	Detete	21 TIFLE	Change Addition					
NAME		2.2 NAME						
STREET ADDRESS		2.3 STREET ADDRESS						
CITY-ST-ZIP		2. 4 CITY - ST - ZIP						
TITLE	☐ DELETE	3 1 TITLE	Change Addition					
NAME		3.2 NAME	į					
STREET ADDRESS		3 3 STREFT ADDRESS						
CITY-ST-ZIP		3 4. CITY-ST-ZIP						
TITLE	DELETE	41 TITLE	Change Addition					
NAME		4. 2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS						
CITY-ST-ZIP		4.4 CITY - ST - ZIP						
TITLE	. DELETE	51 TIRLE	Change Addition					
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREET ADDRESS						
CITY-ST:ZIP		5.4 CITY-ST-ZIP						
TITLE	DELETE	6 1 TITLE	Change Addition					
NAME		62 NAME						
STREET ADDRESS		63 STREET ADDRESS						
CITY-SI-ZIP		6 4 CITY-ST-ZIP						
14. I hereby c	ertify that the information supplied with this uling does not qualify fo	he exemption stated	I in Section 119.07(3)(i), Florida Statutes. I further certify that the information					

priori stated in Section 1907 (5)(f), Florida Statutes. The information hat my signature shall have the same legal effect as if made under oath; that I am an sreport as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

(407)444-0441

Zip Code

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