FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **FILED PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Jun 02 1997 8:00am ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS Secretary of State DOCUMENT # (0) 1. Corporation Name UNIT CONTRACTING CORPORATION Principal Place of Business Mailing Address 9121 KILGORE RD. 9121 KILGORE RD. ORLANDO FL 32836 ORLANDO FL 32836 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1969 05/01/1995 2. Principal Place of Business Melling Address 4. FEI Number 28. Applied For 21 26 59-1237879 Not Applicable Silta, Apt. #, etc. Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State ty & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s 199.032, KANG 24 25 29 Florida Statutes Yes No 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ROTHLEIN, GLENDA 62 9121 KILGORE ROAD ORLANDO FL 32836 83 84 City 85 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. KWAL eden SIGNATURE ypod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (12/95) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1. 1 TITLE ROTHLEIN, ROBERT R NAME 1.2 NAME 9121 KILGORE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY - ST - 7IP □ DELETE TITLE 2 1 TITLE Addition ROTHLEIN, GLANDA D NAME 2.2 NAME 9121 KILGORE STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3. 1 TITLE ☐ Chance ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 C(TY - ST - Z(P TITLE DELETE 4. 1 TITLE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP □ DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 500002208585 -06/11/97--01052--005 DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS \*\*\*165.00 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and dose not qualify for the exemption stated in Section 119.07(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 cath; 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.