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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90074 009 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 398799

1. Corporation Name
UNIREP, INC

Principal Place of Business
3306 LITTLE ROAD
VALRICO FL 33594

Mailing Address
3306 LITTLE ROAD
VALRICO FL 33594

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1972

4. FEI Number

59-1392271

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 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

ENFINGER, WAYNE E.
3306 LITTLE ROAD
VALRICO FL 33594-3043

10. Name and Address of New Registered Agent

81 Name GRANT, THOMAS E.

82 Street Address (P.O. Box Number is Not Acceptable)
2378 NW 34th Rd

83

84 City Coconut Creek FL 85 Zip Code 33066

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)

4-19-99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ENFINGER, WAYNE E.
STREET ADDRESS 3306 LITTLE ROAD
CITY-ST-ZIP VALRICO FL

☐ DELETE

TITLE STD
NAME ENFINGER, EDWINNA E.
STREET ADDRESS 3306 LITTLE ROAD
CITY-ST-ZIP VALRICO FL

☐ DELETE

TITLE D
NAME EGGER, JILL
STREET ADDRESS 3306 LITTLE ROAD
CITY-ST-ZIP VALRICO FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME GRANT, THOMAS E.
1.3 STREET ADDRESS 2378 NW 34th Rd
1.4 CITY-ST-ZIP Coconut Creek, FL 33066

2.1 TITLE STD ☐ Change ☐ Addition
2.2 NAME GRANT, AVE M.
2.3 STREET ADDRESS 2378 NW 34th Rd
2.4 CITY-ST-ZIP Coconut Creek, FL 33066

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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: *Thomas E. Grant* President/Director 4-19-99 954-977-2888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)