

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra M. McArthur
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

25 MAY -1 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **420583** (7)

UNIVAL, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1414 SWANN AVE #201 TAMPA FL 33606 US
Mailing Address: 1414 SWANN AVE #201 TAMPA FL 33606 US

3. Date Incorporated or Qualified 03/01/1973	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1449236	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
State Apt. # etc. 22	State Apt. # etc. 27
City & State 23	City & State 28
City 24	City 29
State 25	State 30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
BLANCHARD, G. ROBERT 1414 SWANN AVE. #201 TAMPA FL 33606		B1 Name		
		B2 Street Address (P.O. Box Number is Not Acceptable)		
		B3		
		B4 City	FL	B5 Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.1509, 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 607.09(5), Florida Statutes.

SIGNATURE: *M. C. Harris* (Signature of Current Registered Agent) *M. C. Harris* (Signature of New Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALCOLM, C. HARRIS	TITLE	
STREET ADDRESS	5014 EUCLID AVENUE	TITLE ADDRESS	
CITY, ST, ZIP	TAMPA FL	TITLE CITY, ST, ZIP	
TITLE	I	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, SUSIE N.	TITLE	
STREET ADDRESS	8926 N. ARRAWANA	TITLE ADDRESS	
CITY, ST, ZIP	TAMPA FL	TITLE CITY, ST, ZIP	
TITLE	D	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCHARD, G. ROBERT	TITLE	PID
STREET ADDRESS	1902 S. ARDSLEY STREET	TITLE ADDRESS	
CITY, ST, ZIP	TAMPA FL	TITLE CITY, ST, ZIP	
TITLE	PD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCHARD, G. ROBERT JR.	TITLE	SID
STREET ADDRESS	2505 PALM DRIVE	TITLE ADDRESS	
CITY, ST, ZIP	TAMPA FL	TITLE CITY, ST, ZIP	
TITLE	AS	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDTETTER, SYLVIA	TITLE	DELETE
STREET ADDRESS	1414 SWANN AVE #201	TITLE ADDRESS	
CITY, ST, ZIP	TAMPA FL	TITLE CITY, ST, ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TITLE	
STREET ADDRESS		TITLE ADDRESS	
CITY, ST, ZIP		TITLE CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2), 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 appointed 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.

SIGNATURE: *M. C. Harris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *M. C. Harris*
Date: *4/28/95* (413) 251-3737