**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 420583

1. Corporation Name

UNIVAL, INCORPORATED

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(NOTE: Registered Agent signature required when r Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. 12. ☐ DELETE 1.1 TITLE TITLE MALCOLM, C. HARRIS NAME **5014 EUCLID AVENUE** 1.3 STREET ADDRESS STREET ADORESS TAMPA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE ADAMS, SUSIE N. 2.2 NAME NAME 8926 N. ARRAWANA 2.3 STREET ADDRESS STREET ADDRESS TAMPA FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE BLANCHARD, G. ROBERT 3.2 NAME NAME 1902 S. ARDSLEY STREET 3.3 STREET ADDRESS STREET ADDRESS TAMPA FL 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 4.1 TITLE TITLE BLANCHARD, G. ROBERT JR. 4. 2 NAME NAME 2505 PALM DRIVE 4.3 STREET ADDRESS STREET ADDRESS TAMPA FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition [ ] Change DELETE 5.1 TITLE TITI F 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAME

## May 08, 1999 8:00 am Secretary of State

05-08-1999 90025 015 \*\*\*150.00



Principal Place of Business Mailing Address						
1414 SWANN AVE.		1414 SWANN AVE	1414 SWANN AVE			
#201		#201				
TAMPA FL 33606		TAMPA FL 33606				DO NOT WRITE IN THIS SPACE
US		U\$				3. Date Incorporated or Qualifed
						03/01/1973
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For
<u> </u>		26			<b>59-1449236</b> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5 Certificate of Status Desired S8.75 Additional	
2		27				Certificate of Status Desired     Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
3		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	try		8. This corporation owes the current year Intangible
4	25	29	0			Personal Property Tax.   ☐ Yes ☐ No
g. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
			8	B1	Name	
Blanchard, G. Robert			Ļ	82 Street Address (P.O. Box Number is Not Acceptable)		
1414 SWANN AVE. #201				31 Street Address (F.O. Box Number is Not Acceptable)		
TAMPA FL 33606			8	33		
			Ļ		-	85 Zip Code
			ľ	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 Clastic 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 agent of the purpose of the purpose of changing its registered agent of the purpose of the purpose of changing its registered agent of the purpose of the purpose of changing its registered agent of the purpose of						
				galacio rigorii signicigo (secondo monos esperantes)		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE	VD	☐ DELETÉ	1.1 TITLE			Collable Colonials
NAME	IN LOOLIN, O. TINITIO		1.2 NAM	1.2 NAME		
STREET ADDRESS	ADDRESS 5014 EUCLID AVENUE		1.3 STREET AODRESS		ADDRESS	
CITY-ST-ZIP			1.4 CITY	-ST-	-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	ADAMS, SUSIE N. 221		2.2 NAM	2.2 NAME		
STREET ADDRESS	ESS 8926 N. ARRAWANA 235		2.3 STR	2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CIT	2. 4 CITY-ST-ZIP		
TITLE	PD □ DELETE 3.1T		3.1 TITL	3.1 TITLE		☐ Change ☐ Addition
NAME	BLANCHARD, G. ROBERT 321		3.2 NAM	3.2 NAME		
STREET ADDRESS 1902 S. ARDSLEY STREET			3.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	TAMPA FL 34.		3.4. CIT	.4. CITY-ST-ZIP		
TITLE			4.1 TITL	E		☐ Change ☐ Addition
NAME	BLANCHARD, G. ROBERT JR. 44		4. 2 NAM	4. 2 NAME		
STREET ADDRESS 2505 PALM DRIVE			4.3 STR		ADDRESS	
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)