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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # 638832 (6) UNITED NATIONS INTERNATIONAL, INC. Principal Place of Business Mailing Address 409 N. IOWA AVENUE 409 N. IOWA AVENUE LAKELAND FL 33801-4825 LAKELAND FL 33801 3a. Date of Last Report 3. Date incorporated or Qualified 10/05/1979 04/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2751998 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent NATIONS, JERRY L. 409 N. IOWA AVENUE LAKELAND FL 33801 11. Pursuant to the previsions 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, typind or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (96/6) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Title NATIONS, JERRY L 1.2 NAME NAME CR2E034 409 N IOWA AVE STREET ADDRESS 1.3 STREET ADDRESS LAKELAND, FL 00000 CITY - S1 - 7IP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 THILE NATIONS, MARIE 2.2 NAME NAME 409 N IOWA AVE 2.3 STREET ADDRESS STREET ADDRESS WEIRSDALE LAKELAND FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-SI-ZiF DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City-St-ZiP CHTY - ST - ZIP ☐ Addition DELETE 51 TITLE Change TIFLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHIY - ST - ZIP 5.4 CITY - ST - 21P DELETE Change Addition 6.1 TITLE TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I do 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 eath; that I am an officer or director of the corporation or the receiver or tryftee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.4 CITY-ST-7IP

SIGNATURE!

CITY-ST-ZIP

FILED

Apr 25 1997 8:00am

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