FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DOCUMENT # 680005 (6)

1. Corporation Name
UNIVERSAL SELECT, INC.

Principal Place of Business	Mailing Address
4077 WOODCOCK DR, #106 JACKSONVILLE, FL 32207	P O BOX 5906 JACKSONVILLE, FL 32247

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/23/80
3a. Date of Last Report: 15 APR 1994

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 59-2015016 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ANDERSON, KENNETH G.
2540 GULF LIFE TOWER
JACKSONVILLE, FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	C/D HOEKENGA, EARL N. 2317 MILLER OAKS DR, SOUTH JACKSONVILLE, FL 32217	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MARTIN, W. J. 3449 SCRIMSHAW DR. JACKSONVILLE, FL 32257	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D HOEKENGA, HELEN B. 2317 MILLER OAKS DR., SOUTH JACKSONVILLE, FL 32217	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S 4/24/95	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	S/T MARTIN, BARBARA A. 3449 SCRIMSHAW DR. JACKSONVILLE, FL 32257	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	V NOON, MARTIN G. 12589 MASTERS RIDGE DRIVE JACKSONVILLE, FL 32225	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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 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 above, or on an attachment with an address.

SIGNATURE: Jack Martin President 11 Apr 95 904/396-2696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #