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

FILED
Sep 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # 680005 (6)

1. Corporation Name
UNIVERSAL SELECT, INC.

Principal Place of Business	Mailing Address
4077 Woodcock Drive Suite 106 Jacksonville, FL 32207	P. O. Box 5906 Jacksonville, FL 32247-5906

(AMENDED REPORT)

3. Date Incorporated or Qualified: 7/23/1980	3a. Date of Last Report: 4/24/1977
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	

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

9. Name and Address of Current Registered Agent

ANDERSON, KENNETH G.
Suite 2640, Riverplace Tower
1301 Riverplace Boulevard
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, W.J.		1.2 NAME		
STREET ADDRESS	3449 SCRIMSHAW DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32257		1.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, BARBARA A.		2.2 NAME		
STREET ADDRESS	3449 SCRIMSHAW DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32257		2.4 CITY-ST-ZIP		
TITLE	CD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOEKENGA, EARL N.		3.2 NAME		
STREET ADDRESS	2317 MILLER OAKS DRIVE, S.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32217		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOEKENGA, HELEN B.		4.2 NAME		
STREET ADDRESS	2317 MILLER OAKS DRIVE, S.		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32217		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOEKENGA, CHRISTIAN M.		5.2 NAME		
STREET ADDRESS	23410 WELLINGTON COURT BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING, TX 77389		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	HOEKENGA, DAVID E.		6.2 NAME	700002298847	
STREET ADDRESS	3305 MAJESTIC RIDGE		6.3 STREET ADDRESS	-09/22/97--01007--014	
CITY-ST-ZIP	LAS CRUCES, NM 58011		6.4 CITY-ST-ZIP	***61.25	

CC 9/18

CR2E034 (9/96)

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 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.

SIGNATURE: Jack Martin President July 29-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #