

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90042 028 \*\*\*150.00

DOCUMENT # **698480**

1. Corporation Name  
**UNIVERSALCOM, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**185 STAHLMAN AVENUE  
P.O. BOX 1585  
DESTIN FL 32541**

Mailing Address  
**P. O. BOX 1585  
DESTIN FL 32540  
US**

3. Date Incorporated or Qualified <b>08/01/1981</b>	
4. FEI Number <b>59-2154363</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**BARTON, WALTER L.  
9 INDIAN BAYOU  
DESTIN FL 32541**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box: Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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.

(NONE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENE, STEPHEN D</b>	1.2 NAME	
STREET ADDRESS	<b>211 WYNN HAVEN BCH. RD.</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MARY ESTHER FL</b>	1.4 CITY-STATE-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARTON, WALTER L</b>	2.2 NAME	
STREET ADDRESS	<b>9 INDIAN BAYOU</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>DESTIN, FL 00000</b>	2.4 CITY-STATE-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOWER, PETER T</b>	3.2 NAME	
STREET ADDRESS	<b>222 SLEEPY OAKS ROAD</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>FT WALTON BCH FL</b>	3.4 CITY-STATE-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCNAMARA, JOHN II</b>	4.2 NAME	
STREET ADDRESS	<b>404 MOTRE DAME STREET, P-3</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>NEW ORLEANS LA 70130</b>	4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)