

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **841504** (4)

1. Corporation Name

**UNIFIED SERVICES OF CAPE KENNEDY, INC.**

Principal Place of Business

2640 REED STREET, N.E.  
WASHINGTON DC 20018

Mailing Address

P.O. BOX 41277  
WASHINGTON DC 20018

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/26/1978** 3a. Date of Last Report **06/03/1994**

4. FEI Number **52-0912697** 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**

7. This corporation has liability for state tax under § 190.002 Florida Statutes  Yes  No

2. Principal Place of Business  
21 **8240 PROFESSIONAL PLACE**  
Suite, Apt. #, etc  
22 **200**  
City & State  
23 **LANDOVER, MARYLAND**  
24 **20785** 25 **U.S.A.**  
26 **8240 PROFESSIONAL PLACE**  
Suite, Apt. #, etc  
27 **200**  
City & State  
28 **LANDOVER, MARYLAND**  
29 **20785** 30 **U.S.A.**

9. Name and Address of Current Registered Agent  
**CORPORATION INFORMATION SERVICES**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>
NAME	<b>DAVIS, JERRY JR.</b>
STREET ADDRESS	<b>11710 LOCUST GLEN DRIVE</b>
CITY, ST. ZIP	<b>MITCHELLVILLE MD 20721</b>
TITLE	<b>T</b>
NAME	<b>DAVIS, G. JEAN</b>
STREET ADDRESS	<b>11710 LOCUST GLEN DRIVE</b>
CITY, ST. ZIP	<b>MITCHELLVILLE MD 20721</b>
TITLE	<b>D</b>
NAME	<b>VAUGHN, GRACE</b>
STREET ADDRESS	<b>1872 OLD HOPKINS ROAD</b>
CITY, ST. ZIP	<b>HOPKINS SC 29209</b>
TITLE	<b>D</b>
NAME	<b>LEWIS, MOSE III</b>
STREET ADDRESS	<b>9250 THREE OAKS DRIVE</b>
CITY, ST. ZIP	<b>SILVER SPRING MD 20901</b>
TITLE	<b>D</b>
NAME	<b>RUSSELL, MATLON</b>
STREET ADDRESS	<b>518 MURDOCK ROAD</b>
CITY, ST. ZIP	<b>PHILADELPHIA PA 19119</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST. ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY, ST. ZIP	
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	CITY, ST. ZIP	
31	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	
33	STREET ADDRESS	
34	CITY, ST. ZIP	
41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY, ST. ZIP	
51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY, ST. ZIP	
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	CITY, ST. ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.070(b), 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 a supplemental filing with an address.

SIGNATURE: *G. Jean Davis* *G. Jean Davis*  
PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 27, 1995 301-731-4020  
DATE TIME TELEPHONE NUMBER