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

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(1)

FILED May 11 1998 8:00am Secretary of State

UNITED	SERVICES OF AMERICA	, INC.			
					A 1884 OR HEAD HAND HAND ALLE BEEL BEEL BOOK ALLE BEEL BOOK ALLE BEEL BOOK BOOK BOOK BOOK BOOK
Principal Place of	of Business	Mailing Add	1055		
401 W 13 ST.		401 W 13 S			·
P O BOX 4999 P O BOX 4999			999		
SAMFORD FL 32771 SAMFORD FL 3277			FL 32771		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
2. Principal Plac	ce of Business	2a. Mailing A	ddress		04/29/1981 4. FEI Number Applied For
21		26			4. FEI Number Applied For Not Applied be Not Applied For
Suite, Apt. #.	etc.	Suite, Ap	t. #, etc.		SS 75 Additional
22		27			Certificate of Status Desired Fee Required
City & State		City & St	ate		6. Election Campaign Financing \$5.00 May Be
23 Zip	Country	28 Zip		Country	Trust Fund Contribution Added to Fees
24	25	29	30	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre			··· T	10. Name and Address of New Registered Agent
ADAI	MSON BRENT R			81 Nam	me O a J) A
	CHOCKTAW STREET			82 Stree	BLENT K. HOAMSON
-SANFORD_FL				6	pet Address (P.O. Box Number is Not Acceptable) RENA ISSANCE POINTE # 206
~ LAKE	MARY FL-33748			83	1
				84 City	85 Zip Code
			1	A	KUMMONTE SPEINKS FI 77714
11. Pursuant to the provisions of Soctions 607 0502 and 607 1508 forida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, in the Statute of Flyrida. 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 obligation of Socion 607.0505, Florida Statutes.					
agent. I am familiar with and accept the obligation of Socion 607.0505, Florida Statutes.					
SIGNATURE	materu, lyppin or printed nume of registered a	nord and bear a control de	(NOTE Regi	intered Agent elegati	ature required when reinstating) OATE
12.		ND DIRECTORS		13,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PĎ		DELETE	1.1 TOLE	PRES 10001 / OTRESTOR Change Addition
NAME	ADAMSON BRENT R		1	1.2 NAME	BRENT R. ACAMSON
	-035 CHOOKTAW STREET		1	1.3 STREET ADDRESS	
	TAKE MARY FL		1	1.4 CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	VPD	L		2.1 TRTLE	Change Addition
NAME STREET ADDRESS	ADAMSON WILLIAM E 467 DENTON COURT			2.2 NAME	
CITY-ST-ZIP	HEATHROW FL			2.3 STREET ADDRESS	33
TITLE	THE STATE OF THE S			2. 4 CITY-ST-ZIP 3.1 TITLE	SECRETARY Change Addition
NAME		-		3.2 NAME	
STREET ADDRESS			3	3.3 STREET ADORESS	S 1280 CALDWELL AVE
CITY-ST-ZIP				3.4. CITY-ST-ZIP	JUHN MULA 1280 CALDWELL AVE ORANGE CITY FL32763
TITLE			DELETE	L1 TITLE	☐ Change ☐ Addition
NAME			14	I. 2 NAME	
STREET ADDRESS				1.3 STREET ADDRESS	SS
CITY-ST-ZIP	<u> </u>			1.4 CITY-ST-ZIP	
TITLE		<u>L</u>		5.1 TITLE	Change Addition
NAME STREET ADDRESS				5.2 NAME	
CITY-ST-ZIP				5.3 STREET ADDRESS	»
TITLE	, , , , , , , , , , , , , , , , , , , ,			3.4 CITY - ST - ZIP 3.1 TITLE	Change Addition
NAME		_		2 NAME	Change Addition
STREET ADDRESS				3 STREET ADDRESS	ss
CITY-ST-ZIP				i.4 CITY-ST-ZIP	
	ify that the information supplied within applied within applied report or supplied and	with this filing does			ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

irate and that my signature shall have the same legal effect as if made under oath; that I am an xecute this report as required by Chapter 607, Florida Statutes; and that my name appears in

407-322-3663