

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

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95 APR 26 AM 9:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # F93000000071 (1)

1. Corporation Name
UNIT STRUCTURES SYSTEMS, INC.

Principal Place of Business Mailing Address

**1012 SHANHOUSE BLVD.
MAGNOLIA AR 71753** **P.O. BOX 669
MAGNOLIA AR 71753**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		12/24/1992	05/01/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		61-1229330	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *Michael Keltz* *Sandra B. Morfitt* *13 April 1995* DATE

Signature typed or printed name of registered agent (if applicable) (If N/A): Registered Agent signature required when re-registering

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, GARY F	1.2 NAME	
STREET ADDRESS	2115 TEARCE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAGNOLIA AR 71753	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURLEY, GARY L	2.2 NAME	
STREET ADDRESS	1801 HILLCREST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAGNOLIA AR 71753	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, GARY F	3.2 NAME	
STREET ADDRESS	% 1012 SHANHOUSE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MAGNOLIA AR	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMMEL, MARGARET F	4.2 NAME	
STREET ADDRESS	104 WILTSHIRE AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, MICHAEL K	5.2 NAME	
STREET ADDRESS	11603 HAZELWOOD RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 110.07(3)(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 an attached sheet with an address.

SIGNATURE: *Michael Keltz* *M. MICHAEL ROBERTS* *13 APR 1995* *92.241.0426* DATE Telephone #

Signature typed or printed name of signing officer or director