

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 31 AM 8:24

DOCUMENT # **F93000003945 (3)**

1. Corporation Name  
**UNITED BUMPER, INC.**

Principal Place of Business      Mailing Address  
**14645 AERIES WAY DR.  
FT. MYERS FL 33912**      **14645 AERIES WAY DR.  
FT. MYERS FL 33912**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**08/24/1993**      **02/22/1994**

2. Principal Place of Business      2a. Mailing Address      4. FEI Number      Applied For  
**21**      **26**      **43-0831474**      Not Applicable

22. Suite, Apt. #, etc.      27. Suite, Apt. #, etc.      5. Certificate of Status Desired       \$9.75 Additional Fee Required

23. City & State      28. City & State      6. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees

24. Zip      25. Country      29. Zip      30. Country      8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent

**HORNICK, THOMAS G  
14645 AERIES WAY DR.  
FT. MYERS FL 33912**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City      FL      B5 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      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNICK, THOMAS G	1.2 NAME	
STREET ADDRESS	14645 AERIES WAY DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33912	1.4 CITY-ST-ZIP	
TITLE	DVCS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNICK, BERNICE G	2.2 NAME	
STREET ADDRESS	14645 AERIES WAY DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33912	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNICK, BERNICE G	3.2 NAME	
STREET ADDRESS	14645 AERIES WAY DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33912	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSMEYER, R W	4.2 NAME	
STREET ADDRESS	7710 CARONDELET, STE. 508	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63105	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, on my attachment with an address.

SIGNATURE: *Thomas G. Hornick*      **THOMAS G. HORNICK**      1/17/95      813-768-3624

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Typed Please)