

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

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

55 MAY -1 PM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004725 (7)**
1. Corporation Name
UWOHALI, INC.

Principal Place of Business Mailing Address
3317 TRIANA BLVD. HUNTSVILLE AL 35805 **3317 TRIANA BLVD. HUNTSVILLE AL 35805**

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 4950 RESEARCH DRIVE		26 4950 RESEARCH DRIVE		09/13/1994		9/13/94	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 HUNTSVILLE, ALABAMA		28 HUNTSVILLE, ALABAMA		63-0902101		Not Applicable	
24 35805		25 USA		29 35805		30 USA	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NICKLE, ULYS 1262 SEMINOLE DR. INDIAN HARBOUR BEACH FL 32937				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROUD, CHARLES D	1.2 NAME	
STREET ADDRESS	557 WILLIAM & BROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	HUNTSVILLE AL 35741	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	V/T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTON, A. SUZANNE	2.2 NAME	
STREET ADDRESS	7813 CRAIGMONT	2.3 STREET ADDRESS	
CITY - ST - ZIP	HUNTSVILLE AL 35802	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	P
STREET ADDRESS		3.3 STREET ADDRESS	W. DIANE WESTON
CITY - ST - ZIP		3.4 CITY - ST - ZIP	102 CHINOOK TRAIL
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	MADISON, ALABAMA 35846
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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 furnished with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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, and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing with an address.

SIGNATURE:  **DIANE WESTON** PRESIDENT 3/6/95 (205) 837-4482
Signature and Title for Printed Name of Signing Officer or Director Date Telephone #