SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/06: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

F96000002975 (8)

N/C 5.27.98

UNIVERSAL BANCORP SERVICES, INC.

Mailing Address

FILED Aug 31 1998 8:00am Secretary of State



Fillicipal Flace of business		Maling Address			
8787 BAYPINE ROAD		8787 BAYPINE ROAD			
JACKSONVILLE FL 32256-7569		JACKSONVILLE FL 32258-7569			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					06/14/1996
Principal Place of Business 2a, Mailing Address					
_ · · · · · · · · · · · · · · · · · · ·					T Applied Y of
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.				····	59-3378910 Not Applicable
22		27			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Z ip	Country		8. This corporation owes or has paid the current year intangible
24	25	29	30		Personal Property Tax due June 30. X Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY				Name	
1201 HAYS STREET, STE 105			100		A LL (D.O. b)
TALLAHASSEE FL 32301			82	Street	Address (P.O. Box Number is Not Acceptable)
17161	STANDOLL I C DECOI		83		
			84	City	FL 85 Zip Code
11 Durayani	to the provinces of partiage 607.0507	2 and 607 4500 Florida Ct-1.1-	45 - 5		
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.					
agent. I am familiar with, and accept the obligations of, section 607,0505, Florida Statutés.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:					
12.	D OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	HINES, GERALD	DELETE			Director, President & CEOChange X Addition
NAME			1.2 NAME		Daniel R. DeMeo
STREET ADDRESS	8787 BAYPINE ROAD		1.3 STREET	ADDRESS	8787 Baypine Road
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST	ZIP	Jacksonville, Florida 32256
TITLE	· Decere		2.1 TITLE		Director & Exec. Vice Pre Bange X Addition
NAME	MILLER, ROBERT A		2.2 NAME		
STREET ADDRESS	8787 BAYOINE ROAD		2.3 STREET	ADDRESS	Anthony B. Jennings 8787 Baypine Road
CITY-ST-ZiP	JACKSONVILLE FL		2.4 CITY-ST	ZIP	Jacksonville, Florida 32256
TITLE	C DECETE		3.1 TITLE	i	Director & Exec. Vice Prechange Addition
NAME	MITCHELL, DUNCAN R		3.2 NAME		Walter M. Korchun
STREET ADDRESS	8787 BAYPINE ROAD		3.3 STREET	ADDRESS	8787 Baypine Road
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-	ZIP	
TITLE	VD	X DELETE	4.1 TITLE		Treasurer Change X Addition
NAME	FLUCK, BRIAN H		4.2 NAME	J	Thomas Donahue
STREET ADDRESS	8787 BAYPINE RD		4.3 STREET	ADDRESS	8787 Bayrine Road
CITY-ST-ZIP	JAOKSONVILLE FL		4.4 CITY-ST-	ZIP .	Jacksonville, Florida 32256
TITLE	VD	X DELETE	5.1 TITLE		Change Addition
NAME	KENDRICK, KEITH		5.2 NAME		Cualifo
STREET ADDRESS	8787 BAYPINE RD		53 STREET	ADDRESS	
CITY-ST-ZIP	JAOKSONVILLE FL		5.4 CITY-ST-		
TITLE	VAST	DELETE	6.1 TITLE	E4	
NAME	HOKENSON, H J	V. H J		ļ	20000252994Change LAddition
STREET ADDRESS	131 MORRISTOWN ROAD			IDDDCCC	-09/01/98010280 2 9 よく
	BASKING RIDGE NJ		6.3 STREET		***550.00 8-31
CITY-ST-ZIP	PURING UINGE IA		6.4 CITY-ST	ZIP	8,51

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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 arm an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or op an attachment with an address.

NAME TO BE

8/10/98

(00/)05/ 07//