

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G05782
Corporation Name
UNICORN CHARTER SERVICE, INC.

Pl ch# 6590

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90008 044 ***550.00



Principal Place of Business
616 112TH AVE
TAMPA FL 33612

Mailing Address
2616 112TH AVE
TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

2a. Mailing Address
26 31421 Stirrup Lane
Suite, Apt. #, etc.
27
City & State
28 Zephyrhills
Zip
29 33543
Country
30 Pa. 50

3. Date Incorporated or Qualified
10/25/1982

4. FEI Number
59-2360892

Applied For
Not Applicable

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 owes the current year Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
WHITE, ELEANOR A
2616 112TH AVE
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name
White Eleanor A

82 Street Address (P.O. Box Number is Not Acceptable)
31421 Stirrup Lane

83 Zephyrhills, FL

84 City
FL

85 Zip Code
33543

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.

GNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	P WHITE, CHARLES H.	1.1 TITLE	White, Charles H.
2. STREET ADDRESS	2616 112TH AVE.	1.2 NAME	31421 Stirrup Lane
3. CITY-STATE-ZIP	TAMPA FL	1.3 STREET ADDRESS	Zephyrhills, FL
4. NAME	ST WHITE, ELEANOR ANN	1.4 CITY-STATE-ZIP	33543
5. STREET ADDRESS	2616 112TH AVE.	2.1 TITLE	White, Eleanor Ann
6. CITY-STATE-ZIP	TAMPA FL	2.2 NAME	31421 Stirrup Lane
7. NAME		2.3 STREET ADDRESS	Zephyrhills, FL
8. STREET ADDRESS		2.4 CITY-STATE-ZIP	33543
9. CITY-STATE-ZIP		3.1 TITLE	
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
13. NAME		4.1 TITLE	
14. STREET ADDRESS		4.2 NAME	
15. CITY-STATE-ZIP		4.3 STREET ADDRESS	
16. NAME		4.4 CITY-STATE-ZIP	
17. STREET ADDRESS		5.1 TITLE	
18. CITY-STATE-ZIP		5.2 NAME	
19. NAME		5.3 STREET ADDRESS	
20. STREET ADDRESS		5.4 CITY-STATE-ZIP	
21. CITY-STATE-ZIP		6.1 TITLE	
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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 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 attachment with an address.

SIGNATURE:

Charles H. White

Charles H. White
6/24/99

813 779-1760

CR2E034 (5/99)