FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G70846

UNITED TRUST BILLING, INC.

(2)

FILED May 28 1998 8:00am Secretary of State

0111120	THOU DILLING, INC.								
Principal Place of Business 2401 LANGLEY AVE PENSACOLA FL 32504 US		Mailing Address 2401 LANGLEY AVE PENSACOLA FL 32504 US			1 (00 (1)) (00 (1))	DO NOT WRITE IN THIS SPACE			
Vo		00			3. Date Incorpora 11/21/1983	ted or Qualified			
 1 '	ace of Business	2a. Mailing Address 25		<u> </u>	4. FEI Number 59-233703	M		pplied For of Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of St	· · · · · · · · · · · · · · · · · · ·	¢0.75	Additional	
City & State)	City & State			6. Election Campa		\$5.00	May Be	
Zip Country		Zip			Trust Fund Cor 8. This corporatio	ntribution n owes or has paid t	Added to		
24	9. Name and Address of Current	29 Registered Agent			Personal Prope	Personal Property Tax due June 30. Y Yes No 10. Name and Address of New Registered Agent			
KOI	LLARS, BERT	· · · · · · · · · · · · · · · · · · ·		81 Name					
6300 N. DAVIS HWY.				82 Street A	Address (P.O. Box Numbe	r is Not Acceptable)			
PEN	NSACOLA FL			63					
4							11 71	0-4-	
				84 City			 	Code	
11. Pursuant t office or re agent. Lar	to the provisions of Sections 607,0502 ogistered agent, or both, in the State om m familiar with, and accept the obliga	and 607,1508, Florida Statu of Florida Such change was tions of, Section 607,0505, Fl	les, the ab authorized orida Stat	ove-named of by the corputes	corporation submits this si oration's board of director	latement for the purp is. I hereby accept the	ose of changing its ne appointment as	s registered registered	
SIGNATURE							DATE		
12,	Signature, typoid or printed hance of registered agen OF FICERS AND	 	13.	Agent signature i	required when reinstating) ADDITIONS/CH/	ANGES TO OFFICER		S IN 12	
TITLE	DST	DELETE	1.1 (()	LE	SECRETARY	,	Change	Addition	
NAME	KOLLARS, BERT		1.2 NA	ME	STEPHEN L.	COVER .			
STREET ADDRESS			1.3 ST	REET ADDRESS	2886 MOLIN				
CITY-ST-ZIP	PENSACOLA, FL 00000		1.4 CI	Y-ST-ZIP	MOUNO FL	32577			
TITLE	D DELETE		2.1 717	LE			Change	Addition	
NAME	MONROE, ART		2.2 NA	ME					
STREET ADDRESS	113 LAPALCO BLVD		2.3 \$1	REE1 ADDRESS					
CITY-ST-ZIP	GRETNA LA	TT DELETE	_	TY-ST-ZIP			Change	Addition	
TITLE	D. D. CDVIC	DELETE	3.1 TH				☐ Criange	Magningii	
NAME	KOLLARS, CRAIG 7891 CRESTWOOD BLVD.		3.2 NA						
STREET ADDRESS	BIRMINGHAM AL		- 1	RFET ADDRESS				ŀ	
CITY-ST-ZIP	DITMITOLISM AC	DELETE	3.4. CI 4.1 TiT	TY-\$T-ZIP			Change	Addition	
TITLE		Lad Decert	4.1 UI				change		
NAME			1						
STREET ADDRESS				REET ADDRESS Y-ST-ZIP					
CITY-ST-ZIP TITLE		DELETE	5.1 117				Change	Addition	
NAME			5.2 NA						
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP				Y-S1-21P					
TITLE		☐ DELETE	6.1 70				☐ Change	Addition	
NAME	:		6.2 NA				-		
STREET ADDRESS	Ş.			REET ADDRESS					
CITY-ST-ZIP				Y-S1-ZIP					
	and that the information curryled with	th this filing does not qualify t			d in Section 119 07/31/i)	Florida Statutes I fur	ther certify that the	information	

4. Thereby corlify 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 coupplemental 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 receive of the common that my name appears in Block 12 or Block 13 if changes, or an attack first with an address.