FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
UMW ACCOUNTING SERVICES, INC.

DOCUMENT # G77011 (6)

Mailing Address
% MARY ANN WILSON

Principal Place of Business
% MARY ANN WILSON

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. Date Incorporated or Qualified: 01/01/1984
3a. Date of Last Report: 04/21/94

2. Mailing Address
21 7603 PALOMAR STREET
Suite, Apt. #, etc. 22
City & State 23 FT. PIERCE, FL
Zip 24 34951 Country 25

2a. Principal Place of Business
26 7603 PALOMAR STREET
Suite, Apt. #, etc. 27
City & State 28 FT. PIERCE, FL
Zip 29 34951 Country 30

4. FEI Number: 59-2449376 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired $8.75 ☐

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

7. Nonprofit Exempt from $136.75 Supplemental Fee ☐

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

9. Name and Address of Current Registered Agent

WILSON, MARY ANN
5600 17th STREET S.W.
VERO BEACH, FL 32968

10. Name and Address of New Registered Agent

81 Name: MARY ANN WILSON - CREBASSA
82 Street Address (P.O. Box Number is Not Acceptable): 7603 PALOMAR STREET
83
84 City: FT. PIERCE, FL 85 Zip Code: 34951

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: Mary Ann Wilson-Crebassa DATE 4-30-95
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/S/T	1.1 TITLE	
1.2 NAME	WILSON, MARY ANN	1.2 NAME	MARY ANN WILSON-CREBASSA
1.3 STREET ADDRESS		1.3 STREET ADDRESS	7603 PALOMAR STREET
1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP	FT. PIERCE, FL 34951
2.1 TITLE	D	2.1 TITLE	
2.2 NAME	WILSON, MARY ANN	2.2 NAME	MARY ANN WILSON-CREBASSA
2.3 STREET ADDRESS		2.3 STREET ADDRESS	7603 PALOMAR STREET
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	FT. PIERCE, FL 34951
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	600001484686
4.1 TITLE		4.1 TITLE	-05/11/95 -01091 -016
4.2 NAME		4.2 NAME	****200.00 ****200.00
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	5/1/95 MH
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 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 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Ann Wilson-Crebassa 4-30-95 407-466-0917
(SIGNATURE AND TITLE OR STATUS REQUIRED OF AN OFFICER OR DIRECTOR) Date Daytime Phone #
Mary Ann Wilson-Crebassa MARY ANN WILSON-CREBASSA