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PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **H12985** **(8)**

1. Corporation Name
UNISON ENTERPRISES, INC.

Principal Place of Business	Mailing Address
913 GULF BREEZE PKWY UNIT 12 GULF BREEZE FL 32561 US	% THOMAS J. HENRIQUES 87 BAYBRIDGE RD. GULF BREEZE FL 32561-1470

2. Principal Place of Business	2a. Mailing Address
21 913 Gulf Breeze Pkwy	26 913 Gulf Breeze Pkwy
Suite, Apt. #, etc 22 Unit 12	Suite, Apt. #, etc 27 Unit 12
City & State 23 Gulf Breeze FL	City & State 28 Gulf Breeze FL
Zip 24 32561 Country 25 USA	Zip 29 32561 Country 30 USA

3. Date Incorporated or Qualified: 07/19/1984
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2427361 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

HENRIQUES, THOMAS J
87 BAYBRIDGE RD.
GULF BREEZE FL 32561-1470

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 Mary Caughman Pres. DATE 4-24-96
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	PS	☐ DELETE
NAME	CAUGHMAN, MARY H.	
STREET ADDRESS	2410 W.BAYSHORE RD.	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	VT	☐ DELETE
NAME	HENRIQUES, THOMAS J.	
STREET ADDRESS	2410 W.BAYSHORE RD.	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

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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 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: Mary Caughman Pres 4-24-96 904-934-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #