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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 2:26

DOCUMENT # **H82345** **(0)**

1. Corporation Name
UNITED SPLICERS, INC.

Principal Place of Business	Mailing Address
107 LOUIS STREET SUITE 104 FT. WALTON BEACH FL 32548	P.O. BOX 406 FT. WHITE FL 32038-0406 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/23/1985	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2640083	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26 107 Lewis Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 104
City & State 23	City & State 28 Ft. Walton Bch., FL
Zip 24 / Country 25	Zip 29 32548 / Country 30 USA

9. Name and Address of Current Registered Agent

YOUNG, PAUL
WILSON SPRINGS ROAD
FORT WHITE FL 32038

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: Paul Young/Vice-President DATE: 03/22/95
(Required: Typed or printed name of registered agent and the title of position) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P/S/T	☐ Change ☒ Addition
NAME	YOUNG, PAUL	12 NAME	Young, Frances	
STREET ADDRESS	P.O. BOX 406 - N/A	13 STREET ADDRESS	P.O. Box 406, Wilson Spgs. Road	
CITY ST ZIP	FT. WHITE FL 32038-0406	14 CITY ST ZIP	Ft. White, FL 32038-0406	
TITLE	VSD	21 TITLE	V/D	☒ Change ☐ Addition
NAME	WALTERS, MICHAEL H.	22 NAME	Young, Paul	
STREET ADDRESS	702 LONG LEAF DRIVE	23 STREET ADDRESS	P.O. Box 406, Wilson Spgs. Road	
CITY ST ZIP	FT. WALTON BEACH FL	24 CITY ST ZIP	Ft. White, FL 32038-0406	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: Paul Young/Vice-President 03/22/95 **904-862-9466**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400025 FP