

SECOND 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

**FILED**

99 SEP 15 PM 4:16

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DOCUMENT # **J51652**

1. Corporation Name  
**UNIVEST AMERICAN CORPORATION**

Principal Place of Business  
 1479 CAPITAL CIRCLE N.W.  
 TALLAHASSEE FL 32303

Mailing Address  
 1479 CAPITAL CIRCLE N.W.  
 TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	01/13/1987	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	59-2785296	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>HOLMES, DON E</b> 1479 CAPITAL CIRCLE N.W. TALLAHASSEE FL 32303				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLMES, DON E	1.2 NAME	D McCamy, Tony R.
STREET ADDRESS	1411-C LAZY BROOK	1.3 STREET ADDRESS	4956A CHERRY ROAD
CITY-ST-ZIP	TALLAHASSEE FL 32301	1.4 CITY-ST-ZIP	WEST PALM BCH, FL 33407
TITLE	DC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOBLEY, SYBIL C	2.2 NAME	
STREET ADDRESS	520 HAMPTON AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32310	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	100002989301 <input type="checkbox"/> Addition
NAME	MILLER, WILLIAM JR.	3.2 NAME	-09/17/99--01005--007
STREET ADDRESS	2657 BREEZEWIND DRIVE	3.3 STREET ADDRESS	****\$50.00 ****\$50.00
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	DVC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKENS, JACOBY	4.2 NAME	
STREET ADDRESS	2733 COUNTRY CLUB DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OLYMPIA FIELDS IL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ROBERT L	5.2 NAME	
STREET ADDRESS	310 BARTON AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	EVANSTON IL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMS, JOHN L	6.2 NAME	
STREET ADDRESS	9 EMERSON WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	SUDBURY MA 01776	6.4 CITY-ST-ZIP	

14. 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: Don E. Holmes (Don E. Holmes) 09/14/99 850 576-9178  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000004

CR2E034 (5/99)

ITS