

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

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

FILED

99 SEP 15 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1987

4. FEI Number

59-2785296

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 owes the current year
Intangible Personal Property.

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HOLMES, DON E
1479 CAPITAL CIRCLE N.W.
TALLAHASSEE FL 32303

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DP

☐ DELETE

NAME

HOLMES, DON E

STREET ADDRESS

1411-C LAZY BROOK

CITY-STATE-ZIP

TALLAHASSEE FL 32301

TITLE

DC

☐ DELETE

NAME

MOBLEY, SYBIL C

STREET ADDRESS

520 HAMPTON AVE.

CITY-STATE-ZIP

TALLAHASSEE FL 32310

TITLE

D

☐ DELETE

NAME

MILLER, WILLIAM JR.

STREET ADDRESS

2657 BREEZEWIND DRIVE

CITY-STATE-ZIP

ORLANDO FL

TITLE

DVC

☐ DELETE

NAME

DICKENS, JACOBY

STREET ADDRESS

2733 COUNTRY CLUB DR.

CITY-STATE-ZIP

OLYMPIA FIELDS IL

TITLE

D

☐ DELETE

NAME

JOHNSON, ROBERT L

STREET ADDRESS

310 BARTON AVENUE

CITY-STATE-ZIP

EVANSTON IL

TITLE

D

☐ DELETE

NAME

SIMS, JOHN L

STREET ADDRESS

9 EMERSON WAY

CITY-STATE-ZIP

SUDBURY MA 01776

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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-09/17/99--01005--007
****\$50.00 ****\$50.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Don E. Holmes (Don E. Holmes) 09/14/99 850 576-9178

Date

Daytime Phone #

CR2E034 (5/99)