FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:18

DOCUMENT # J61057 (2)

1. Corporation Name
UNIQUE-NACS, INC.

Principal Place of Business	Mailing Address
6880 A-4 SO. LAKE PLAZA (34712) P O BOX 120310 CLERMONT FL 34712	6880 A-4 SO. LAKE PLAZA (34712) P O BOX 120310 CLERMONT FL 34712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1987
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business
21: 14700 Green Valley BLVD
Suite, Apt. #, etc. 22:
City & State 23: Clermont, FLORIDA
Zip 24: 34711 Country 25:

2a. Mailing Address
26: 14700 Green Valley Blvd.
Suite, Apt. #, etc. 27:
City & State 28: Clermont FLORIDA
Zip 29: 34712 Country 30:

4. FEI Number: 59-2778263 ☐ 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

COCKCROFT, PATSY S.
14700 GREEN VALLEY BLVD.
CLERMONT FL 32711

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 of new registered agent, if being changed) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	COCKCROFT, BILL F.	1.2 NAME	
STREET ADDRESS	14700 GREEN VALLEY BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	COCKCROFT, PATSY S.	2.2 NAME	
STREET ADDRESS	14700 GREEN VALLEY BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	GRAY, CECIL E.	3.2 NAME	
STREET ADDRESS	365 CATHERINE LN.	3.3 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	GRAY, BETTY ANN	4.2 NAME	
STREET ADDRESS	365 CATHERINE LN.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is absolutely 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: Bill F. Cockcroft BILL F. COCKCROFT 1-23-95 904-394-6417
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0401020 FP