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Apr 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K82229

(1)

1. Corporation Name

UNICORN SERVICES INC.



Principal Place of Business

% PEGGY L. HINDERLITER  
6403 S. CLARK AVENUE  
TAMPA FL 33616

Mailing Address

% PEGGY L. HINDERLITER  
6403 S. CLARK AVENUE  
TAMPA FL 33616-1607

3. Date Incorporated or Qualified

04/21/1989

3a. Date of Last Report

04/09/1996

2. Principal Place of Business

21 *C/O PEGGY HOWTON*

2a. Mailing Address

26 *C/O PEGGY HOWTON*

State, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~HINDERLITER, PEGGY L. HOWTON~~  
6403 S. CLARK AVENUE  
TAMPA FL 33616

*(Marriage)*

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 ☐ DELETE

NAME  
RAY, LINDA  
STREET ADDRESS  
3507 KINSINGTON  
CITY, ST, ZIP  
TAMPA FL

TITLE ☐ DELETE

NAME  
HINDERLITER, PEGGY L.  
STREET ADDRESS  
6403 S. CLARK AVE.  
CITY, ST, ZIP  
TAMPA FL

TITLE ☐ DELETE

NAME  
DUVAL, DONNA  
STREET ADDRESS  
3905 ANGELES  
CITY, ST, ZIP  
TAMPA 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

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

14. I do 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:

*Peggy L. Howton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*PEGGY L. HOWTON*

Date

Daytime Phone #

0069336

CR2E034 (9/96)