FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1007



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1001	<u></u>			 ∤	
	MENT # L74009 Name A UNIVERSAL CORPORATION	\ - /			 	
Dringly of Dings	of Business	Mailing Address			<u> </u>	// P/P// J/B// B/B// P/P// P/B// J/B// /#B/
Principal Place of Business		Mailing Address				Is a rest didn't a rate didn't daller
16 ARVIN C. H	OORE	% ARVIN C. MOORE				
P.O. BOX 525 VERNON FL 32462-7525		P.O. BOX 525 VERNON FL 32462-0525				
VERNON PL S	1405-1252	VENIVOW TE 32402-0020			3. Date Incorporated or Qualified	3a. Date of Last Report
				05/18/1990	04/24/1996	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEt Number	Applied For
21		26			59-3134066	Not Applicable
Suite, Apt.	#, e1c.	Suite, Apt. #, etc.		·	ł .	- \$9.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State	3	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for	intangible tax under s. 199.032.
24	25	29	30] Yes 🕱 No
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Re	egistered Agent
MO	ORE, ARVIN C.		81	Name		
3189 PIONEER ROAD				Street Add	dress (P.O. Box Number is Not Acceptal	hla)
VER		82	birect Auc	areas (F.O. Dox Normber is Normbeeplan	(Jid)	
·			83			
			84	- City		les Zio Code
			184	City		FL. 85 Zip Code
11. Pursuant office or re agent. I a	to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the obligi	2 and 607.1508, Florida Statut of Florida. Such change was a ations of, Section 607.0505, Flo	es, the above authorized by orida Statutes	the corpora	rporation submits this statement for the attion's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered age			nt signature requ	uired when reinstating)	DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	
TITLE	CPD	DELETE	1.1 TITLE			Change Addition
NAME	MOORE, ARVIN C.		1.2 NAME	1		
STREET ADDRESS	3189 PIONEER RD.		13 STRFFT	ADDRESS		
CITY-ST-ZIP	VERNON FL 32462		1.4 C/TY-S	1 - 2112		
TITLE	V	DELETE	2.1 THILE			Change Addition
NAME,	HODGES, DONALD E		2.2 NAME			
STREET ADDRESS	2802 PARADISE LAKES RD.		2.3 STREET	ADDRESS		
CITY-ST-ZIP	CHIPLEY FL 32428		2. 4 CITY - S	37-7IP		
TITLE	ST	₩ DELETE	3 1 1111.6			Change Addition
Name	PARNELL, TOM L		3.2 NAME			
STREET ADDRESS	NEW JERUSALEM RD.		3 3 \$1REE1	ADDRESS		
CITY-ST-ZIP	VERNON FL 32462		3.4. CITY - S	51 - ZIP		
TITLE		DELETE	4.1 1⊓1.€			Change Addition
NAME			4, 2 NAME			
STREET ADDRESS			4.3 \$1REF!	ADDRESS	•	
CITY-ST-ZIP			4.4 CITY - S	T-ZIP		
TITLE		☐ OFLETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			53 STREET	ADDRESS		
CITY-ST-ZIP			5.4 C/1Y-S	1 - ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAMÉ			
STREET ADDRESS			6.3 S1REE1	ADDRESS		
CITY-ST-7IP			6.4 CHY. S	1. 7IP		

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

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FILED Apr 25 1997 8:00am Secretary of State