

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Aug 05 1996 8:00 am
Secretary of State

DOCUMENT # M93505 (9)

1. Corporation Name

UNITARY FINANCIAL ORGANIZATION, INC.

Principal Place of Business

921 DOUGLAS AVE.
ALTAMONTE SPRINGS FL 32714

Mailing Address

921 DOUGLAS AVE.
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

21 250 Crown Oak Centre Drive

Suite, Apt. #, etc.

22

City & State

23 Longwood, Florida

Zip

24 32750

Country

25 Seminole

2a. Mailing Address

26 250 Crown Oak Centre Drive

Suite, Apt. #, etc.

27

City & State

28 Longwood, Florida

Zip

29 32750

Country

30 Seminole

3. Date Incorporated or Qualified
08/10/1988

3a. Date of Last Report
05/01/1995

4. FEI Number

59-2938526

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

BOYD, GREGORY
921 DOUGLAS AVE.
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

David Phillips

82 Street Address (P.O. Box Number is Not Acceptable)

250 Crown Oak Centre

83

84 City

Longwood,

FL

85 Zip Code

32750

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]

[Signature]

18 July 96

12. OFFICERS AND DIRECTORS

TITLE VPS ☒ DELETE
NAME BOYD, GREGORY
STREET ADDRESS 921 DOUGLAS AVE.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE D ☒ DELETE
NAME GIVENS, CHARLES J.
STREET ADDRESS 242 N. WESTMONTE DR
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 July 96

Day, Time Phone #

CR2E034 (12/95)