

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # N12887 (8)

1. Corporation Name

UNION ARMY DISTRICT OF FLORIDA, INC.

MAY - 1 AM 6:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

7214 LAUREL HILL ROAD
ORLANDO FL 32818-5233

7214 LAUREL HILL ROAD
ORLANDO FL 32818-5233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1986

3a. Date of Last Report

04/05/1994

4. FEI Number

59-2622256

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

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

GRZELAK, JEFFERY H.
7214 LAUREL HILL ROAD
ORLANDO FL 32818-5233

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 the filer also)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	WEINZEN, TIM
STREET ADDRESS	20017 WIYGUL ROAD
CITY, ST, ZIP	UMATILLA FL
TITLE	V
NAME	GRZELAK, JEFF H.
STREET ADDRESS	7214 LAUREL HILL ROAD
CITY, ST, ZIP	ORLANDO FL
TITLE	D
NAME	FULLER, JOSEPH
STREET ADDRESS	827 MARLOWE AVE
CITY, ST, ZIP	ORLANDO FL
TITLE	D
NAME	KEDING, HENRY
STREET ADDRESS	5741 19TH ST
CITY, ST, ZIP	ZEPHYRILLS FL
TITLE	D
NAME	SAWYER, ROCKY
STREET ADDRESS	5202 N POWERS DR
CITY, ST, ZIP	ORLANDO FL
TITLE	T
NAME	TREMBLEY, RICK
STREET ADDRESS	6513 SUGAR BUSH DR
CITY, ST, ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	VTS
23 STREET ADDRESS	GRZELAK, JEFF H
24 CITY, ST, ZIP	7214 LAUREL HILL RD
	ORLANDO FL 32818
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☒ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☒ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☒ Change ☐ Addition
62 NAME	D
63 STREET ADDRESS	TREMBLEY, RICK
64 CITY, ST, ZIP	6513 SUGAR BUSH DR
	ORLANDO FLA

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 110.07(2)(b), 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 person or person 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:

Jeffery H. Grzelak VTS
(Signature, typed or printed name of signing officer or director)

4/28/95 407 297 8233
(Date) (Filer's Number)