1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N21078

UNITED STATES GENERAL CONSUMERS' ASSOCIATION, IN C.

Principal Place of Business
1114 SEMORAN BLVD
CASSELBERRY FL 32707-6102
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State - --

21

22

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

City & State

P. O. BOX 181249 CASSELBERRY FL 32718-1249

26

FILED Apr 15, 1999 8:00 am § Secretary of State

04-15-1999 90022 040 ****70.00



X

3. Date Incorporated or Qualifed 06/09/1987

5. Certifcate of Status Desired

4. FEI Number

59-2954111

23		28				o. Certificate of c	tatas boomsa	y	Fee Req	uired
Zip	Country	Zip	Countr	у		6. Election Came	paign Financing		\$5.00 N	/lay Be
24	25	29	30			Trust Fund Co	•		Added to	, ,
-7]	9. Name and Address of Current I				10. Name and A	dress of New f	Registered A	gent		
, .			8	1 Name	PH	YLLIS D. P	AULK			
PAULK, ETHEL				2 Street	Addres	ss (P.O. Box Numb	er is Not Accept	able)		
102 CRANES LAKE DRIVE					11.	14 SEMORAN	BUULEVAL	<u>ku</u>		
PONTE VE	DRA BEACH FL 32082		8	3						
			8	4 City	CA	SSELBERRY		FL	85 Zip C	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	s, the abo	ve-named	corpor	ration submits this	statement for the	purpose of o	hanging its r	egistered
office or re	to the provisions of Sections 617.0302 egistered agent, or both, in the State of m familiar with, and accept the obligation	ns of, Section 617.0503, Flori	tnonzed b da Statute	y the corp	oration	's board of director	s. I hereby acce	pt the appoin 4-5	inone do reg	stered
SIGNATURÉ	Phyllis D. Paulk	Phyllis D. Pa						DATE		
	Signature, typed or printed name of registered agent a		Registered Ag	ent signature	required v	when reinstating)	HANGES TO OF		DIRECTOR	RS IN 12
12.	OFFICERS AND	DIRECTORS	1.1 TITLE		т	ADDITIONS/OF	IANOLO 10 OI	T TOET TO THE	Change	Addition
TITLE	D SAULK ETHE									
NAME	PAULK, ETHEL		1.2 NAME							
STREET ADDRESS	102 CRANES LAKE DR.			ET ADDRESS						
CITY-ST-ZIP	PONTE VEDRA BEACH FL		1.4 CITY-		ļ <u>.</u>				Change	Addition
TITLE	D	DELETE	2.1 TITLE		D				LAtonange	∐ Mudilioti
NAME	PAULK, JOSEPH		2.2 NAME			YLLIS D. P				
STREET ADORESS	1826 TIERRA VERDE DRIVE		2.3 STRE	ET ADDRESS	[11.	14 SEMORAN	BOULEVAL	RD		
CITY-ST-ZIP	JACKSONVILLE FL 32233		2.4 CITY	-ST-ZIP	CA	SSELBERRY,	FL 3270	77		
TITLE	D :	▼ DELETE	3.1 TITLE		D	•			Change	☐ Addition
NAME	DAVIS, MARGARET		3.2 NAME	1	WI	LLIAM EARL	E PAULK			
STREET ADDRESS	529 S. HIGHWAY #441		3.3 STRE	ET ADDRESS	11.	14 SEMORAN	BOULEVAL	RD.		
CITY-ST-ZIP	LADY LAKE FL 32158		3.4. CITY	-ST-ZIP	CA	SSELBERRY,	FL 3270	07		
TITLE		☐ DELETE	4.1 TITLE						Change	☐ Addition
NAME			4. 2 NAM	E						
STREET ADDRESS			4.3 STRE	ET ADDRESS						
CITY-ST-ZIP			4.4 CITY-	ST-ZIP						٠.
TITLE		☐ DELETE	5.1 TITLE	:	1				☐ Change	☐ Addition
NAME			5.2 NAME	<u>:</u>						
STREET ADDRESS			5.3 STRE	ET ADDRESS						
CITY-ST-ZIP	(5.4 CITY	ST-ZIP						
TITLE	-	☐ DELETE	6.1 TITLE		T				Change	☐ Addition
NAME			6.2 NAME	Ē						_
STREET ADDRESS		**	6.3 STRE	ET ADDRESS		·				•
CITY-ST-ZIP			6.4 CITY-	ST-ZIP						
14 I harabu	I certify that the information supplied with	this filing does not qualify for	the exemi	otion state	d in Se	ection 119.07(3)(i),	Florida Statutes.	I further cert	ify that the in	formation
indicated	on this annual report or supplemental a	innual report is true and accur	ate and th	at my sigr	nature s	shall have the same	e legal effect as i	if made unde	roath; that I	am an

officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

407-677-1111

Applied For

\$8.75 Additional

Fee Required

Not Applicable