

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N37446 (4)

1. Corporation Name

UTSC, INCORPORATED



Principal Place of Business

Mailing Address

**114 NORTH OHIO AVENUE
P.O. BOX 1239
LIVE OAK FL 32060**

**114 NORTH OHIO AVENUE
P.O. BOX 1239
LIVE OAK FL 32060**

3. Date Incorporated or Qualified
04/04/1990

3a. Date of Last Report
10/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VEAL, WILLIE JR.
RT. 1 BOX 1216
O'BRIEN FL 32071**

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 617.0502 and 617.1508, 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 617.0503, 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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

VEAL WILLIE JR.

STREET ADDRESS

RT. 1 BOX 1216

CITY-ST-ZIP

O BRIEN FL

TITLE

D

☐ DELETE

NAME

WINGATE, NIRA V.

STREET ADDRESS

P.O. BOX 205 N/A

CITY-ST-ZIP

O'BRIEN FL

TITLE

D

☐ DELETE

NAME

CAMBELL, STEPHEN

STREET ADDRESS

ROUTE 4, BOX 202

CITY-ST-ZIP

LIVE OAK FL

TITLE

D

☒ DELETE

NAME

MAC DANIEL

STREET ADDRESS

214 HELVENSTON

CITY-ST-ZIP

LIVE OAK FL

TITLE

Dorothy J. Johns

☐ DELETE

NAME

Rt. 8 Box 447

STREET ADDRESS

Live Oak, FL 32060

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96

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