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Jan 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N37446** (4)

1. Corporation Name

UTSC, INCORPORATED

Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified

04/04/1990

4. FEI Number

59-3150148

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

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 Willie Veal Jr.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when re-instating)

DATE Jan. 5, 1998

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
VEAL WILLIE JR.
25268 77TH RD
O BRIEN FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
WINGATE, NIRA V.
22641 95TH LANE
O'BRIEN FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
CAMPBELL, STEPHEN
11397 122ND TRAIL
LIVE OAK FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
S
JOHNS, DOROTHY J.
6613 137TH RD.
LIVE OAK FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
P
DUHART, EVELINE
P.O. BOX 92 N/A
LIVE OAK FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE D T ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE D VP ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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: Willie Veal Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/05/98

Daytime Phone # 0000000

CR2E037 (10/97)