

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90017 030 ****61.25

DOCUMENT # N37446

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/04/1990

4. FEI Number

59-3150148

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81

Name

George Bowen

82

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

2924 NE 13th Dr

83

84

City

Gainesville

FL

85

Zip Code

32609

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

George Bowen

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VEAL WILLIE JR.	
STREET ADDRESS	25268 77TH RD	
CITY-ST-ZIP	O BRIEN FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WINGATE, NIRA V.	
STREET ADDRESS	22641 95TH LANE	
CITY-ST-ZIP	O'BRIEN FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	CAMBELL, STEPHEN	
STREET ADDRESS	11397 122ND TRAIL	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JOHNS, DOROTHY J.	
STREET ADDRESS	6613 137TH RD.	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DUHART, EVELINE	
STREET ADDRESS	P.O. BOX 92 N/A	
CITY-ST-ZIP	LIVE OAK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Secretary
4.3 STREET ADDRESS	Peggy Frye
4.4 CITY-ST-ZIP	P.O. Box 112
	Bradford, FL 32008
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(i), 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, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* Wingate 1/15/99 904-935-1231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)