

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 PM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004875 (0)

1. Corporation Name

UNITED AMERICAN VOCATIONAL COLLEGE FUND, INC.

400001466074

-04/27/95--01021--002

DO NOT WRITE IN THESE SPACES ***61.25

Principal Place of Business

Mailing Address

1 TANKER TURN RD
CAPE CANAVERAL FL 32920

P O BOX 862
CAPE CANAVERAL FL 32920

3. Date Incorporated or Qualified

3a. Date of Last Report

10/03/1994

4. FEI Number

Applied For

Applied Fee

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

28

24

Country

25

Zip

Country

29

30

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLACKWOOD, LLOYD C
1 TANKER TURN RD
CAPE CANAVERAL FL 32920

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BLACKWOOD, LLOYD C
STREET ADDRESS 1 TANKER TURN RD
CITY - ST - ZIP CAPE CANAVERAL FL 32920

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

TITLE D
NAME BLACKWOOD, JAMES E
STREET ADDRESS RT 20 BOX 106
CITY - ST - ZIP CROSSVILLE TN 38555

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE D
NAME BLACKWOOD, JAMES M
STREET ADDRESS 1 TANKER TURN RD
CITY - ST - ZIP CAPE CANAVERAL FL 32920

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME President
4.3 STREET ADDRESS JANIE H. Blackwood
4.4 CITY - ST - ZIP 6910 BRIGAT AVE.
COWA, Florida 32927

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janie Blackwood / Janie Blackwood

SIGNATURE AND TYPED OR PRINTED NAME OF VOTING OFFICER OR DIRECTOR

Date

2/25/95

Daytime Phone #

407-795-5555