## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

| DOCUM<br>1. Corporation                |   |                                     |                                    |                            |                                 |  |                                |                                |                                  |
|--|---|-------------------------------------|------------------------------------|----------------------------|---------------------------------|--|--------------------------------|--------------------------------|----------------------------------|
| UNIVEF                                 | RSAL DEVELOPMENT COR  | P.                                  |                                    |                            |                                 |  |                                |                                |                                  |
| Principal Place of                     | of Business   | Mailing Address                     |                                    |                            |                                 | f latiblat ilt Date tibbt feten erme   |                                |                                |                                  |
| 600 E. COURT AVENUE #102 P. O. BOX 787 |   |                                     |                                    |                            |                                 |  |                                |                                |                                  |
| JEFFERSONV                             | ILLE IN 47130   | JEFFERSONVILLE IN 4<br>US           | ieffersonville in 47131-0787<br>Js |                            |                                 | <b>A</b> 5 )   | 30 Date                        | of Last Rep                    | nod                              |
|  |   | •                                   |                                    |                            |                                 | 3. Date Incorporated or Qualified 07/30/1984                                       |                                | 5/01/199                       |                                  |
| 2. Principal Pla                       | on of Business  | 2a. Mailing Address                 |                                    |                            |                                 | 4. FEI Number  | j                              |                                | pplied For                       |
| 21                                     | 06 01 503111633   | 26                                  | 1 ,                                |                            |                                 | 61-1055979   |                                |                                |                                  |
| Suite, Apt. #                          | , etc.  | Suite, Apt. #, etc.                 | Suite, Apt. #, etc.                |                            |                                 | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required |                                |                                  |
| 22                                     |   | 27                                  |                                    |                            |                                 | 6. Election Campaign Financing   |                                |                                | <del></del>                      |
| City & State                           |   | City & State                        | ר <sup>י</sup>                     |                            |                                 | Trust Fund Contribution  |                                |                                | May Be                           |
| Zip                                    | Country   | Zip                                 | Count                              | ry                         |                                 | 8. This corporation has liability for it   | ntangible ta                   | x under s                      | 199.032,                         |
| 24                                     | 25  | 29                                  | 30                                 |                            |                                 | Florida Statutes   |                                |                                |                                  |
|  | 9. Name and Address of Currer   | nt Registered Agent                 |                                    |                            |                                 | 10. Name and Address of New R  | egistered                      | Agent                          |                                  |
|  |   |                                     | *                                  | 11                         | Name                            |  |                                |                                |                                  |
| COOK, VIRGINIA E.                      |   |                                     | 8                                  | 32                         | Street Addre                    | ss (P.O. Box Number is Not Acceptab  | le)                            |                                |                                  |
| 5656 BERMONT ROAD                      |   |                                     | lε                                 | 33                         |                                 |  |                                |                                |                                  |
| 12-A                                   |   |                                     |                                    |                            |                                 |  |                                | 1-1 3:-                        | 0-4-                             |
| PUNTA GORDA FL 33950                   |   |                                     |                                    | 34                         | City                            |  | FL                             | <b>B5</b> Zip                  | Code                             |
| or registers                           | o the provisions of Sections 607.050:<br>ed agent, or both, in the State of Flor<br>h, and accept the obligations of, Sec | ida. Such change was authoriz       | ea by the co                       | e-na<br>orpo               | amed corpora<br>oration's board | tion submits this statement for the pur<br>d of directors. I hereby accept the app | JANUARI DE                     | registered                     | agent. I am                      |
| SIGNATURE _                            | Signature, typed or printed name of registered agen   |                                     |                                    | gent                       | signature required              | when reinstating*  ADDITIONS/CHANGES TO OFF  | DATE<br>OF DS AND              | DIRECTÓ                        | RS IN 12                         |
| 12.                                    |   | ID DIRECTORS                        | 13.                                |                            |                                 | ADDITIONS/CHANGES TO OIT   |                                | Change                         | Addition                         |
| TITLE                                  | PVS<br>PETTYJOHN, SHIRLEY E.  | [] office                           | 12 NAM                             |                            |                                 |  | ,                              | -                              | _                                |
| NAME<br>STREET ADDRESS                 | AAA E AALIBE ALEMEE #4AA  |                                     |                                    | 1.3 STREET ADDRESS         |                                 |  |                                |                                |                                  |
| CITY-ST-ZIP                            | JEFFERSONVILLE IN   | or.                                 | 1.4 CITY                           | Y - ST                     | 1 - ZIP                         |  |                                |                                |                                  |
| TITLE                                  | VETT ESTO VITTIBLE 117  | ☐ DELETE                            | 2. 1 111                           | 2. 1 TITLE                 |                                 |  |                                | Change                         | ☐ Addition                       |
| NAME                                   |   |                                     | 2 2 NAN                            | 2 2 NAME                   |                                 |  |                                |                                |                                  |
| STREET ADDRESS                         |   |                                     |                                    | 2 3 STREET ADDRESS         |                                 |  |                                |                                |                                  |
| CITY-ST-ZIP                            |   | [7] DELETE                          |                                    | 4 CITY- ST- ZIP<br>1 TITLE |                                 |  |                                | Change                         | Addition                         |
| TITLE                                  |   | DELETE                              | 3 1 III                            |                            |                                 |  |                                |                                |                                  |
| NAME<br>STREET ADDRESS                 |   |                                     | B)                                 |                            | ADDRESS                         |  |                                |                                |                                  |
| CHY-ST-ZIP                             |   |                                     | 3 4 CIT                            |                            | 1                               |  |                                |                                |                                  |
| TITLE                                  |   | ☐ DELETE                            | 4. 1 Til                           |                            |                                 |  |                                | Change                         | ☐ Addition                       |
| NAME                                   |   |                                     | 4 2 NA                             | ME                         |                                 |  |                                |                                |                                  |
| STREET ADDRESS                         | 43  |                                     | 4 3 STF                            | 4.3 STREET ADDRESS         |                                 |  |                                |                                |                                  |
| City-ST-ZiP                            |   |                                     | 4.4 CIT                            |                            | 1-2IP                           |  |                                | Change                         | Addition                         |
| TITLE                                  |   | DELETE                              | 5. 1 TITLE                         |                            |                                 |  |                                | ∪nange                         | CT Machini                       |
| NAME                                   |   |                                     | 5 2 KAI                            |                            | YUUDEGG                         |  |                                |                                |                                  |
| STREET ADDRESS                         |   |                                     | 5.3 S I                            |                            | ADDRESS                         |  |                                |                                |                                  |
| CITY - ST - ZIP<br>TITLE               |   | DELETE                              | 6 1 11                             |                            |                                 |  |                                | Change                         | Addition                         |
| NAME                                   |   |                                     | 6.2 NA                             |                            |                                 |  |                                |                                |                                  |
| STREET ADDRESS                         |   |                                     | 6.3 \$10                           | REE 1                      | ADDRESS                         |  |                                |                                |                                  |
| CITY ST. 7IP                           |   |                                     | 6.4 C(1                            | l Y - S                    | ST - ZIP                        |  | 07/0/71                        | a da Otas                      | too I further                    |
| 14. I do heret                         | by certify that the information supplied  | with this filing is voluntarily fur | nished and d                       | doe:                       | s not qualify fo                | or the exemption stated in Section 119   | J.U/(3)(k), F<br>s same legs   | 'ulisic sono<br>i es toelfe li | ites. i iortner<br>if made under |

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 it 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or one attachment with an address.

Shirley E. Pottygohn 4/1/96 (812) 283-6606
Signing Officer on Direction

CR2E034 (12/95)