**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT
**1995**

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

**APPROVED AND FILED**
95 APR 18 AM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P35797** **(0)**

1. Corporation Name
**UNISERV, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ONE SOUTHWIRE DR.<br>CARROLLTON GA 30117-4454 | ONE SOUTHWIRE DR.<br>CARROLLTON GA 30117-4454 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/07/1991**
3a. Date of Last Report: **03/18/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **58-1172327** ☐ 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
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

**WILSON, MICHAEL**
**1125 GILLS DR., STE. 600**
**ORLANDO FL 32824**

**10. Name and Address of New Registered Agent**

81 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
83:
84 City: Plantation **FL** 85 Zip Code: 33324

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: Connie Bryan — **CONNIE BRYAN SPECIAL ASSISTANT SECRETARY** — DATE: 4/18/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changed)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DCP | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | RICHARDS, JAMES C. | 1.2 NAME | |
| STREET ADDRESS | ONE SOUTHWIRE DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CARROLLTON GA | 1.4 CITY-ST-ZIP | |
| TITLE | VD | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | MANN, ROBERT GLENN, JR. | 2.2 NAME | |
| STREET ADDRESS | ONE SOUTHWIRE DR. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CARROLLTON GA | 2.4 CITY-ST-ZIP | |
| TITLE | S | 3.1 TITLE | 100001459811 -04/19/95--01007-025 ☐ Addition |
| NAME | STEPHENS, JOHN C. | 3.2 NAME | ****200.00 ****200.00 |
| STREET ADDRESS | ONE SOUTHWIRE DR. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CARROLLTON GA | 3.4 CITY-ST-ZIP | |
| TITLE | T | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | RICHARDS, JAMES C. | 4.2 NAME | |
| STREET ADDRESS | ONE SOUTHWIRE DR. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CARROLLTON GA | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | CL |

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

**SIGNATURE:** John C. Stephens — 4-11-95 — (404)832-5375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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