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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000000603 (0)

1. Corporation Name
UNITED SPECIAL SERVICES, INC.

Principal Place of Business

125 S SWOOPE AVE
S-103
MAITLAND FL 32751

Mailing Address

125 S SWOOPE AVE
S-103
MAITLAND FL 32751-5784



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

9. Name and Address of Current Registered Agent

ROLLINS, JERRILYN
125 S SWOOPE AVE
S-103
MAITLAND FL 32751

3. Date Incorporated or Qualified

10/28/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3150369

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

10. Name and Address of New Registered Agent

81 Name

Raymond M. Lewis

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

125 S Swoope Ave

83

S-103

84 City

Maitland

FL

85 Zip Code

32751

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

Rm Lewis

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 P
NAME ANDERSON, ORVILLE
STREET ADDRESS P O BOX 81
CITY-ST-ZIP LAKE MONROE FL ☒ DELETE

TITLE V
NAME DEAN, STEVE
STREET ADDRESS 2815 RIDDLE DR
CITY-ST-ZIP WINTER PARK FL ☒ DELETE

TITLE D
NAME WALKER, PENNY
STREET ADDRESS 1500 MISSOURI AVE.
CITY-ST-ZIP LAKE MONROE FL ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Lewis, Raymond M. ☐ Change ☒ Addition
1.2 NAME 1103 N. Thornton Ave
1.3 STREET ADDRESS Orlando, FL 32803

2.1 TITLE VP Russ, Milton ☐ Change ☒ Addition
2.2 NAME 1103 N. Thornton Ave
2.3 STREET ADDRESS Orlando, FL 32803

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Rollins, Jerrilyn
3.3 STREET ADDRESS 1103 N. Thornton Ave
3.4 CITY-ST-ZIP ~~Orlando, FL~~ 32803

4.1 TITLE S. ☒ Change ☐ Addition
4.2 NAME Martin, Penny
4.3 STREET ADDRESS 1350 Bladen Ave
4.4 CITY-ST-ZIP De Hora, FL 32738

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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Rm Lewis* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97

Date

Daytime Phone #

CR2E034 (9/96)