FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P93000008639 (5)

UNIPAL INTERNATIONAL CORPORATION

Mailing Address Principal Place of Business C/O KEN N. WINEBARGER 2646 LASSO LN 2646 LASSO LANE 2646 LASSON LANE DO NOT WRITE IN THIS SPACE LAKELAND FL 33801 LAKELAND FL 33801 3. Date Incorporated or Qualified 02/03/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 59-3230292 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 23 28 Country Zip Country Zip 29 30 24 25

FILED Jan 28 1998 8:00am Secretary of State



Applied For Not Applicable \$8.75 Additional Ø Fee Required \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name WINEBARGER, KEN N 2646 LASSO LANE Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33801 83 Zip Code 84 City 85 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 hen reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. ___ DELETE Change Addition 1.1 TITLE TITLE WINEBARGER, KEN N 12 NAME NAME 2646 LASSO LANE 1,3 STREET ADDRESS STREET ADDRESS LAKELAND FL 33801 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 2.1 TITLE TITLE D 2,2 NAME LEE, STANLEY M NAME 2.3 STREET ADDRESS 12510 EXBURY STREET ADDRESS **HOUSTON TX 77375** 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4,4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY-ST-ZIP 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)(f). 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 of 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 chapted, or on an attachment with an address.

SIGNATURE

(941)665-6092