PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90231 046 ***150.00

	1999		DIVISION OF C	ORPOF	RATIONS	_}			
DOCUI	MENT # P93000	<u>04</u>	1864			_			
1. Corporation	r Name		.00.						
UNITED	Sources of America, in	ŧ∪.				a southout and total that Abill Botts abill Abill Abill Abill	ER) 31871 (811)	O1111 O4 D2 EB 83	
Principal Place	of Business	М	ailing Address				BÅT (1841 IBITA	Giiff Giffi saan	
P.O. BOX 1850 P.O. BOX 1850									
TARPON SPRIN			RPON SPRINGS FL 34686	Ð		DO NOT WRITE IN THIS S	DACE		
						3. Date incorporated or Qualifed	- NOC		1
						06/14/1993			ļ
2. Principal Pl	ace of Business	2a.	Mailing Address			4, FEI Number	Ap	plied For]
21		26			_	59-3181440	No	t Applicable]
Sulte, Apt.	#, etc.	27	Suite, Apl. #, etc.			5. Certificate of Status Desired	\$8.75 A		ļ
City & State			City & State		·	6. Election Compaign Financing		May Be-	
23		28				Trust Fund Contribution	Added to	Fees	ł
Zip	Country	Ь	Zìp C	_	intry	This corporation owes the current year inter Personal Property Tax.		□No	
24	9. Name and Address of Current	29		30	<u> </u>	10. Name and Address of New Registered A			{
	9. Hame and Address of Current	(Rogie	nered Agent		81 Name		<u> </u>		1
MORRIS, ROBERT					82 Street Addr	erald A. Tavares ess (P.O. Box Number is Not Acceptable)		···-	{
35 W LEMON STREET						East Tarpon Avenue			1
TARPON SPRINGS FL 34689					83	.			Į
					84 City		85 Zip C		1
	·				Tar	pon Springs FL	346	89	}
11. Pursuant office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	2 and 6 of Floric	W/.1508, Florida Statute da. Sych change was au	s, the a	by the corporation	oration submits this statement for the purpose of clon's board of directors. I hereby accept the appoint	ment as reg	gistered	
agent, I a	m familiar with, and accept the obligat	ions of	, Section 607,0505, North	da Stati	utes.	5/1) #	7 9		,
SIGNATURE	Signature, Speed of printed name of regulateries again	 	Moderation. (NOTE:	Registered	Agent signature require		<u> </u>		8
12.	OFFICERS ANI		CTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND			₹ .
TITLE	PD		☐ DELETE	1.1 T	1		Change	Adoltion	
NAME]	MCDOWELL, C.G.			1.2 N	AME				=
STREET ADDRESS	P.O. BOX 1850, N/A TARPON SPRINGS FL 34688					•			034 (1
CITY-ST-ZIP	IARCUN OFRINOS FL 39000				TREET ADDRESS	·			2E034 (1
TODE			☐ DELETE	1.4 (7	TY-ST-ZiP		☐ Change	☐ Addition	CR2E034 (11/98)
TITLE	D		☐ DELETE		TY-ST-ZIP	· 	Change	Addition	CR2E034 (1
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NAME	D CIRCLE, PENNY		☐ DELETE	1.4 CT 2.1 TT 22 NV 2.3 ST	TY-ST-ZEP TLE				CR2E034 (1
NAME STREET ADDRESS	D CIRCLE, PENNY 72630 THRUSH ROAD PALM DESERT CA D		☐ DELETE	1.4 CT 2.1 TT 22 NV 2.3 ST	TY-ST-ZIP TLE NAME TREET ADDRESS		☐ Change	Addition	CR2E034 (1
NAME STREET ADDRESS CITY-ST-ZIP	D CIRCLE, PENNY 72630 THRUSH ROAD PALM DESERT CA D CULLEN, ANN		,	1.4 CI 2.1 TF 2.2 NV 2.3 ST 2.4 C 3.1 TF 3.2 NV	TY-ST-ZIP TLE MME IREET ADDRESS ITY-ST-ZIP TLE AME				CR2E034 (1
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14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED ON PRINTED DAME OF SIGNANG OFFICER OR DIRECTOR C. M.C. Davie 1 4/19/89 727 942 3874

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