SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT
CORPORATION
ANNUAL REPORT
1995

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

FILED
95 JUL 26 AM 8:28

DOCUMENT # **P93000051948 (6)**

1. Corporation Name
UNITY FIRST CORPORATION

Principal Place of Business
6940 4TH ST., S.
ST. PETERSBURG FL 33705
US

Mailing Address
P. O. BOX 4022
SARASOTA FL 34230
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1993
3a. Date of Last Report: 03/15/1994

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

4. FEI Number: 65-0425025 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financial Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has total, for example for under s. 180.0.1 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
COLE, GAIL R
106 12TH ST N
BRADENTON FL 34217

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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

12. OFFICERS AND/OR DIRECTORS

P NAME STREET ADDRESS CITY, ST, ZIP	P TAYLOR, JAMES A. 6940 4TH ST., S. ST. PETERSBURG FK
T NAME STREET ADDRESS CITY, ST, ZIP	T SCHUETZ, JAMES SHISPERING OAKS SARASOTA FL
S NAME STREET ADDRESS CITY, ST, ZIP	S CORE, GAIL 706 13TH ST. N. BRADENTON BCH. FL
NAME STREET ADDRESS CITY, ST, ZIP	
NAME STREET ADDRESS CITY, ST, ZIP	
NAME STREET ADDRESS CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition

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-07/27/95--01076--018
****225.00 ****225.00

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the compulsion stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information shown on the annual report or supplemental annual report is true and correct and that the signature shall have the same legal effect as if made under oath. I also am aware that false information submitted in an annual report or supplemental annual report is contrary to the requirements of Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 indicates my consent to serve as an officer or director with an addition.

SIGNATURE: Gail R. Cole
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

6-5-95 — Date
1-813-778-1903 — Daytime Phone

CR2E034 (3/95)

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