

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 14 AM 10:16

DOCUMENT # P93000073227 (9)

1. Corporation Name

UNIWAY OF HILLSBOROUGH COUNTY, INC.

Principal Place of Business

1029 E HILLSBOROUGH AVE  
TAMPA FL 33604

Mailing Address

1029 E HILLSBOROUGH AVE  
TAMPA FL 33604

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/21/1993

3a. Date of Last Report

02/15/1994

4. FEI Number

59-3207531

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

State, Apt. #, etc.

City & State

22

City & State

27

Zip

Country

23

Zip

Country

28

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAPITAL CONNECTION, INC.  
417 E VIRGINIA ST  
SUITE 1  
TALLAHASSEE FL 32301

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 607.1508, 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 of a registered agent or officer and the corporation

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

HARDY, ROBERT C

STREET ADDRESS

277 SOUTHFIELD PKWY SUITE 170

CITY-STATE-ZIP

FOREST PARK GA 30050

TITLE

D

NAME

MCCLAIN, EMILY J

STREET ADDRESS

277 SOUTHFIELD PKWY SUITE 170

CITY-STATE-ZIP

FOREST PARK GA 30050

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

Secretary

☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 this 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, by an original signature with an address.

SIGNATURE:

*Emily J. McClain* Secretary Emily J. McClain 3/9/95

404-363-6200

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NO.