## FILE NOW: FILING FEE AFTER MAY 1 IS \$24.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT Sandra B. Mortha Secretary of State

1996

DIVISION OF CORPORATIONS P94000029392 (5)

**DOCUMENT #** 1. Corporation Name

UNABANK, INC.

Principal Place of Business Mailing Address



1715 E. BAY Suite E		PO BOX 10258 CLEARWATER FL	34617-8258		
LARGO FL 3	4641			3. Date Incorporated or Qualified 04/18/1994	3a. Date of Last Report 05/01/1995
2. Principal Placi	e of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3301970	Not Applicable
Suite, Apt. #, etc. 27		Suite, Apt. #, etc.	-	5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		Oity & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country 25	Zip	Couny 30	This corporation has liability for Florida Statutes	intangible tax under s 199.032, : ☐ No
24	9. Name and Address of Curi			10. Name and Address of New F	legistered Agent
2801 Bi LARGO	CRE, F. BLAKE LUFFS DR. FL 34640  the provisions of Sections 607.03 d agent, or both, in the State of Fi , and accept the obligations of, S	ionda. Such change was autili	tutes, the above named co	Address (P.O. Box Number is Not Acceptal proporation submits this statement for the purporation of directors. Thereby accept the appropriate the proporation of directors.	FL 85 Zip Code
SIGNATURE .	lyr at ire. Typed or printed name of registered a	o-ad and blie d applicable	(NOTE: Registered A) at signature r	required when reinstahing)	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
Total T	D	DELETE	1. 1 Tif		Change Addition
NAME	LONGACRE, F. BLAKE		1.2 NAN		
SPREEL ADORESS	2801 BLUFFS DRIVE		13 STRET ADDRESS		ł
1	LARGO FL 34640		1.4 CITY ST-ZIP	1	
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NAME		<u> </u>	2 2 NAN		
			2 3 STRE I ADDRESS	Į.	
STHEFT ADDRESS			2 4 CITY ST-ZIP		
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TITLE			3.2 NAM		
NAME			33 STRET ADDRESS	<b>L</b>	
STREET ADORESS			1	`	
CHY S1-7-P		DELETE	34 CHY ST-ZIP 4 1 TITUS		Change Addition
10°LF			4 2 NAME		<del></del>
NAME			•		•
STREET ADDRESS			4.3 STREET ADDRESS		
City - \$1 - ZiP		E porcar	4 4 C(1Y+ST-Z(P		Change Addition
160		DELETE	5 1 TITLE		Consider Conserve
NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS	• ]	
CHY-SI-ZP			5.4 CITY-ST-ZIP		
THILE		☐ DEFELE	6 1 TITLE		Change Addition
NAME			6 2 NAME		
STRIE! ADDRESS			6 3 STREET ADDRESS	; [	
60. 63.76			6.4 CITY - ST - 7IP	İ	
City ST-ZiF	cortify that the information supril	ed with this filing is voluntarily	furnished and does not qu	ualify for the exemption stated in Section 1	19.07(3)(k), Florida Statutes. I further

run mereny dering 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: SIGNATURE AND TYPED BY PRINCED NAME OF SIGNING OFFICER OR DIRECTOR