

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY 31 AM 9:40

STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000076845

1. Corporation Name

UNICOM SERVICES, INC.

Principal Place of Business

8016 Greenshire Drive  
Tampa, Florida 33634

Mailing Address

106 W. Lauman Street  
Mt. Holly Springs, P.A.  
17065

200001504632

-06/02/95--01037--019

DO NOT WRITE IN THESE SPACES \*\*\*200.00

3. Date Incorporated or Qualified

10/17/94

3a. Date of Last Report

2. Principal Place of Business

21 106 W. Lauman Street

2a. Mailing Address

26 106 W. Lauman Street

4. FEI Number

65-0531964

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

23 Mt. Holly Springs, P.A.

City & State

28 Mt. Holly Springs, P.A.

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 17065

25 USA

29 17065

30 USA

7. This corporation has liability for intangible tax under S. 199.032

Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Jimmy E. Overstreet  
8016 Greenshire Drive  
Tampa, Florida 33634

10. Name and Address of New Registered Agent

81 Name

Jimmy E. Overstreet

82 Street Address (P.O. Box Number is Not Acceptable)

8016 Greenshire Drive

83 8016 Greenshire Drive

84 City Tampa, Florida 33634

85 Zip Code

17065

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

*Jimmy E. Overstreet*

Jimmy E. Overstreet, Registered Agent

4-20-95

12. OFFICERS AND DIRECTORS

| TITLE | NAME                | STREET ADDRESS        | CITY, ST, ZIP        |
|-------|---------------------|-----------------------|----------------------|
|       | Jimmy E. Overstreet | 8016 Greenshire Drive | Tampa, Florida 33634 |
|       | Eva N. Overstreet   | 8016 Greenshire Drive | Tampa, Florida 33634 |
|       |                     |                       |                      |
|       |                     |                       |                      |
|       |                     |                       |                      |
|       |                     |                       |                      |
|       |                     |                       |                      |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME                | STREET ADDRESS       | CITY, ST, ZIP                 | Change                              | Addition                            |
|-------|---------------------|----------------------|-------------------------------|-------------------------------------|-------------------------------------|
|       | Jimmy E. Overstreet | 106 W. Lauman Street | Mt. Holly Springs, P.A. 17065 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|       | Eva N. Overstreet   | 106 W. Lauman Street | Mt. Holly Springs, Pa. 17065  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|       |                     |                      |                               | <input type="checkbox"/>            | <input type="checkbox"/>            |
|       |                     |                      |                               | <input type="checkbox"/>            | <input type="checkbox"/>            |
|       |                     |                      |                               | <input type="checkbox"/>            | <input type="checkbox"/>            |
|       |                     |                      |                               | <input type="checkbox"/>            | <input type="checkbox"/>            |
|       |                     |                      |                               | <input type="checkbox"/>            | <input type="checkbox"/>            |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 119.07(2)(b), 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 affidavit with an address.

SIGNATURE

*Jimmy E. Overstreet*

Jim E. Overstreet

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95

(717) 486-8446