FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000076845 (4)

UNICOM SERVICES, INC

	oriniord, mo.							
Principal Place	of Bus-ness	Mailing Address	····					
106 W. LAUMAN STREET 106 W. LAUMAN STREET MT. HOLLY SPRINGS PA 17065 MT. HOLLY SPRINGS PA			7065-1234					
					3. Date Incorporated or Qualified 10/17/1994	3a. Date o		eport
L	ace of Business	2a. Mailing Address			4. FEI Number			plied For
21	# oto	26 Suito Apl # ata			65-0531964			ot Applicable
Suite, Apt	n, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & State	}	Cily & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be to Fees
7(p)			Country	si 1775 dei perdient ride indenty for manigrate		ntangible tax		
9. Name and Address of Current Registered Agent					10. Name and Address of New Re	gistered Age	nt	
	rstreet, Jimmy E		81	Name				-
8016 GREENSHIRE DRIVE TAMPA FL 33634			82	Street A	ddress (P.O. Box Number is Not Acceptab	le)		
]	, , , , , , , , , , , , , , , , , , , ,		83					
			84	City		FL	Z ip	Code
agent. La	io the provisions of Sections 607.0502 egistered agent, or both, in the State in familiar with, and accept the obliga	and 607,1508, Florida Statutes of Florida Such change was au dions of, Section 607,0505, Flori	the abov thorized b da Statute	e-named o y the corpo s.	corporation submits this statement for the poration's board of directors. I hereby accept	urpose of ch at the appoint	anging li tment as	s registered registered
SIGNATURE	Signature, typed or pented name of registered agor	at and title d'applicable. (NOTE: l	Registered Ap	en) signalure re	egulred when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC			
HILE	P	☐ DELETE 1.1		ļ		L	Change	Addition Addition
NAME	OVERSTREET, JIMMY E		1.2 NAME					
STREET ADDRESS	106 W. LAUMAN ST.	•		T ADDRESS	•			
CITY-ST-ZIP TITLE			1.4 CITY - S 2.1 TITLE	ST-ZIP	-		Change	Addition
NAME			2.2 NAME			_	Divingo	La ribbilion
STREET ADDRESS	106 W. LAUMAN ST.			ADDRESS				
CITY-ST-ZIF	APP LIALLY ARRIVAGE DE APPARE		2.4 GITY-					
TITLE		DELETE	3.1 TITLE	01 2"		. , 🗆	Change	Addition
NAME			3.2 NAME		, i	,		
STREET ADDRESS			3 3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZiP				
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS				T ADDRESS				
CHY-S'-ZIP		Driter	4.4 CITY-	ST-ZIP			Chana-	T DIE
TITLE		☐ DELETE	5.1 TITLE			لــا	Change	Addition
NAME			5.2 NAME					

64 CITY-ST-ZIP 14. Ido 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.

5 4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

CITY-S1-ZIP

STREET ADDRESS

CITY-S1-ZIP

THE NAM:

FILED

Jan 31 1997 8:00am

Secretary of State