FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P94000077223 (3)

1. Corporation Name
UNITED FAMILY BUYERS, INC.

Principal Place of Business
440 LIVE OAK BLVD.
CASSELBERRY FL 32707
US

Mailing Address
440 LIVE OAK BLVD.
CASSELBERRY FL 32707
US

3. Date Incorporated or Qualified: 10/20/1994
3a. Date of Last Report: 06/20/1995
4. FEI Number: 59-3274906 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $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
22 Suite, Apt. #, etc
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 P.O. Box 180814
27 Suite, Apt. #, etc.
28 City & State: Casselbery, FL.
29 Zip: 32718
30 Country: Seminole

9. Name and Address of Current Registered Agent
LINTHURST, THOMAS R
16550 FORESTLAKE DR
TAMPA FL 33624

10. Name and Address of New Registered Agent
81 Name: Thomas R. Linthurst
82 Street Address (P.O. Box Number is Not Acceptable): 4012 Misty Morning Place
83
84 City: Casselberry FL
85 Zip Code: 32707

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	LINTHURST, THOMAS J	
STREET ADDRESS	209 N LEXINGTON AVE	
CITY-ST-ZIP	HAVERTOWN PA 19083	
TITLE	DV	☐ DELETE
NAME	TRUAX, FRANCIS D	
STREET ADDRESS	21 FAIRFIELD RD	
CITY-ST-ZIP	HAVERTOWN PA 19083	
TITLE	DST	☐ DELETE
NAME	Linthurst, Thomas R.	
STREET ADDRESS	4012 Misty Morning Place	
CITY-ST-ZIP	Casselberry, FL. 32707	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Thomas J Linthurst (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date: 3/19/96 Daytime Phone #: (407) 339-8388

CR2E034 (12/95)