FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000084602 (9)**

1. Corporation Name
U.A.P. - FIELDSTREAM, INC.

Principal Place of Business	Mailing Address
608 E. CENTRAL BLVD. ORLANDO FL 32801	608 E. CENTRAL BLVD. ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/18/1994**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number: **59-3298569** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HILL, CAREY 608 E. CENTRAL BLVD. ORLANDO FL 32801	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE 02 NAME 03 STREET ADDRESS 04 CITY ST ZIP	D CASEY, DENNIS J 360 E. TROTTERS DRIVE MAITLAND FL 32751	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	☐ Change ☒ Addition DVPT Casey, Dennis J
05 TITLE 06 NAME 07 STREET ADDRESS 08 CITY ST ZIP	D RUSSELL, JAMES G 2280 HONTOON ROAD DELAND FL 32720	15 TITLE 16 NAME 17 STREET ADDRESS 18 CITY ST ZIP	☐ Change ☒ Addition DPS Russell, James G
09 TITLE 10 NAME 11 STREET ADDRESS 12 CITY ST ZIP	D HILL, CAREY 1921 HOFFNER AVE. ORLANDO FL 32809	19 TITLE 20 NAME 21 STREET ADDRESS 22 CITY ST ZIP	☐ Change ☐ Addition
13 TITLE 14 NAME 15 STREET ADDRESS 16 CITY ST ZIP		23 TITLE 24 NAME 25 STREET ADDRESS 26 CITY ST ZIP	☐ Change ☐ Addition
17 TITLE 18 NAME 19 STREET ADDRESS 20 CITY ST ZIP		27 TITLE 28 NAME 29 STREET ADDRESS 30 CITY ST ZIP	☐ Change ☐ Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP		35 TITLE 36 NAME 37 STREET ADDRESS 38 CITY ST ZIP	☐ Change ☐ Addition

14. I further certify that the information indicated with this report is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Gary Russell, President 4/27/95 (407) 423-1073

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0055016 CP