## FILE NOW: FILING FEE AFTER MAY 1 IS \$225,00

CORPORATION ANNUAL REPORT



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

1996

P95000058580 (8)

DOCUMENT # UNITED SPECIALTIES OF AMERICA, INC. Principal Place of Business Mailing Address 71 HARGROVE GRADE 71 HARGROVE GRADE PALM COAST FL 32137 PALM COAST FL 32137 3. Date Incorporated or Qualified 3a. Date of Last Report 07/28/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 59-3327351 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has fiability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes X Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHIUMENTO, MICHAEL D 82 Street Address (P.O. Box Number is Not Acceptable) 4 OLD KINGS ROAD NORTH 83 PALM COAST FL 32137 84 City 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 Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1. 1 TITLE NAME ERIKSON, GREGORY 1.2 NAME ERIKSEN, GREGORY CR2E034 STREET ADDRESS 650 PARK PLACE 1.3 STREET ADDRESS 277 Barrataria Island CITY-ST-ZIP **BUNNELL FL 32110** 1.4 CHTY - ST - ZIP ST.Augustine FL. 32086 TITLE DELETE n 2.1 TITLE ☐ Addition Change RANKS, RUSSELL 2.2 NAME FRANKS, RUSSELL STREET ADDRESS 71 HARGROVE GRADE 2 3 STREET ADDRESS 71 Hargrove Grade CITY-ST-ZIP PALM COAST FL 32137 2.4 CITY - \$1 - 2IP Palm Coast.FL. 32137 DELETE TITLE 3 1 TITLE Change Addition NAM-32 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY - S1 - ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4. 1 TITLE Change ■ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP TITLE DELETE 5.1 TITLE ☐ Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is volontally 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 suppliemental 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 of the redevet or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

(12/95)

certify that the information indicated on this annual report or suproath; that I am an officer or director of the corporation on the redeappears in Block 12 or Block 13 if changed, or an attachment USSELL L. FRANCS