

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 # **P95000058723 (4)**

1. Corporation Name

**UNITED SERVICE PROMOTIONS, INC.**



Principal Place of Business

**3318 NE 14TH STREET  
OCALA FL 34470**

Mailing Address

**3318 NE 14TH STREET  
OCALA FL 34470**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified  
**07/31/1995**

3a. Date of Last Report

4. FEI Number

**59-3348459**

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

**HUDSON, DONNA  
3318 NE 14TH STREET  
OCALA FL 34470**

10. Name and Address of New Registered Agent

81 Name

**John Taylor Adcock**

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

**3318 N.E. 14 St.**

83

84 City

**Ocala,**

**FL**

85 Zip Code

**34470**

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 **Vicki Lynn Adcock**

**Vicki L. Adcock**

**3/30/96**

Signature, typed or printed name of registered agent and board agent (delete)

(NOTE: Registered Agent signature is required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D** **EFFERS, LEE President**

STREET ADDRESS **3318 NE 14TH STREET**

CITY-ST-ZIP **OCALA FL**

TITLE ☒ DELETE

NAME **D** **HUDSON, DONNA**

STREET ADDRESS **3318 NE 14TH STREET**

CITY-ST-ZIP **OCALA FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 **Vice-President**

1.3 STREET ADDRESS **John Taylor Adcock**

1.4 CITY-ST-ZIP **John T. Adcock @**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Vice-President**

2.3 STREET ADDRESS **Vicki Lynn Adcock**

2.4 CITY-ST-ZIP **3318 NE 14th St Ocala Fla**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **Secretary**

3.3 STREET ADDRESS **Donna L. Roberts**

3.4 CITY-ST-ZIP **1312 N.E. 33rd Ave Apt C Ocala Fla**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **Secretary**

4.3 STREET ADDRESS **Donna K. Hennis GOLDSTEIN**

4.4 CITY-ST-ZIP **2110 Highland Lakes Micoville, Fla 33179**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**600001799436**

**-04/29/96-01090-014**

**\*\*\*200.00**

☐ Change ☐ Addition

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:

**Lee Elfers**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/8/96**

**1-352-351-0889**

(Optional Phone #)

CR2E03 (12/95)