

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000097912

1. Corporation Name

UNIGROUP, INC.

Principal Place of Business

100 S. ASHLEY DR.

Mailing Address

100 S. ASHLEY DR.

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90030 017 ***150.00

arin 19 11 28 11 10 11 1011	

1770 Tampa Fl 3360	1770 12 Tampa Fl. 33602		DO NOT WRITE IN THIS SI	PACE
TAMPA PL 330	JZ (AMIA I E JOOGE		3. Date Incorporated or Qualifed	
	,		01/01/1996	
2 Principal P	lace of Business . 2a. Mailing Address		4. FEI Number	Applied For
21 3225	-S, MAC DILL 26 3225 5,	MAC DILL	59-3349620	Not Applicable
Suite, Apt.				\$8.75 Additional
22 7 2	27 4-209		5. Certifcate of Status Desired	Fee Required
City & Stat	/ <u> </u>		6. Election Campaign Financing	\$5,00 May Be
23 Tam 1		P-	Trust Fund Contribution	Added to Fees
Zip .	Country Zip	Country	8. This corporation owes the current year Intan	gible
24 336e	$\frac{29}{25}$ US/+ $\frac{29}{29}$ $\frac{23}{25}$ $\frac{62}{2}$	30 USA	Personal Property Tax.]Yes □No
	9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Ag	jent
		81 Name C	TAVIN PIPPIN	
PIPP	in, david	82 Street Add		
100	S. ASHLEY DR.	32 Street Add	dress (P.O. Box Number is Not Acceptable)	709
1770	•	83		
TAM	PA FL 33602			
	_	84 9 m	$P_{\mathcal{F}}$, $P_{\mathcal{F}}$ FI	85 22629
	As the assistance of Scations 607 0509 and 607 1509. Eletida State	toe the shove-named con	poration submits this statement for the purpose of ch	anging its registered
office or r	to the provisions of Sections 607.0502 and 607.1508, Florida Statt egistered egent, or both, in the State of Florida, Such change was mamiliar with, and accept the obligations of Section 607.0505, Fl	authorized by the corporat	tion's board of directors. I hereby accept the appointr	nent as registered
agent. I a	m familiar with, and accept the obligations of, Section 607.0505, FI	orida Statutes.		0.2
SIGNATURE		Prescler E: Registered Agent signature requir	end when reinstature)	() · · · · · · (
1800	Signature, and a printed name of registered event and title if applicable. (NOT OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
12. TITLE	P DELETE	1,1 TITLE		☐ Change ☐ Addition
		1.2 NAME		
NAME	PIPPIN, DAVID E 306 W. BATES ST.	1.3 STREET ADDRESS		
STREET ADDRESS				
CITY-ST-ZIP	PLANT CITY FL 33566	1.4 C/TY-ST-Z/P 2.1 TITLE		Change Addition
TITLE ·	-		•	
NAME	PIPPIN, DAVID E	2.2 NAME		į
STREET ADDRESS	306 W. BATES ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33566	2. 4 CITY-ST-ZIP		Change Addition
TITLE	VP (1) DELETE	3.1 TITLE	·	Change Addition
NAME	MAGANN, RICHARD C	3.2 NAME	e e e e e e	-
STREET ADDRESS	602 N MERRIN ST	3.3 STREET ADDRESS	•	,
CITY-ST-ZIP_	PLANT CITY FL 33566	3.4. CITY-ST-ZIP		
TITLE	VP DELETE	4.1 TITLE		Change Addition
NAME	SIMMONS, PATRICK B	4. 2 NAME		
STREET ADORESS	100 S ASHLEY DR # 1770	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602	4.4 CITY-ST-ZIP		
TITLE	VP	5.1 TITLE		☐ Change ☐ Addition
NAME	PACICH, MARGARET H	5.2 NAME		ĺ
STREET ADDRESS	100 S ASHLEY DR #1770	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602	5.4 CITY-ST-ZIP		
TITLE	VP DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SISTRUNK, KAROL	6.2 NAME		
STREET ADDRESS	400 0 400 00 00 04770	8.3 STREET ADDRESS		
O I NEC I NUMBESS	TAMPA FL 33602	6.4 CITY-ST-ZYP		

14. I 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 of 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 all address with all other like empowered.

SIGNATURE!