

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000004056

1. Corporation Name

UNCONVENTIONAL, INC.

Principal Place of Business

1924 NW 6TH ST  
GAINESVILLE FL 32609  
US

Mailing Address

1924 NW 6 ST  
GAINESVILLE FL 32609  
US

2. Principal Place of Business

21 13716 NW 103 AVE  
Suite, Apt. #, etc.

2a. Mailing Address

26 13716 NW 103 AVE  
Suite, Apt. #, etc.

22 City & State

23 ALACHUA, FL  
Zip Country

24 32615 25 US

27 City & State

28 ALACHUA, FL  
Zip Country

29 32615 30 US

9. Name and Address of Current Registered Agent

DIFRANCO, ANTONIO  
1924 NW 6 STREET  
GAINESVILLE FL 32609

3. Date Incorporated or Qualified

01/10/1996

4. FEI Number

65-0632810

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

ANTONIO DIFRANCO

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

13716 NW 103 AVE

83

84 City

ALACHUA

FL

85 Zip Code

32615

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 title if applicable.

ANTONIO DIFRANCO

4/15/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME D  
DIFRANCO, ANTONIO  
STREET ADDRESS 1924 NW 6 STREET  
CITY-ST-ZIP GAINESVILLE 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

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 D  
ANTONIO DIFRANCO  
1.3 STREET ADDRESS 13716 NW 103 AVE  
1.4 CITY-ST-ZIP ALACHUA, FL 32615

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 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 (904) 462-5175  
Date Daytime Phone #

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90103 026 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (1/198)