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Mar 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000073262 (3)

1. Corporation Name  
U-NEEK SERVICES, INC.

Principal Place of Business  
4770 HIGHLANDS PLACE DRIVE  
LAKELAND FL 33813

Mailing Address  
4770 HIGHLANDS PLACE DRIVE  
LAKELAND FL 33813

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/26/1996

4. FEI Number  
59-3395351

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business  
21 8321 SANDPOINT BLVD

Suite, Apt. #, etc.

22 City & State  
23 ORLANDO, FLORIDA

24 Zip 32819 25 Country USA

2a. Mailing Address  
26 P.O. BOX 691835

Suite, Apt. #, etc.

27 City & State  
28 ORLANDO, FLORIDA

29 Zip 32869-1835 30 Country USA

9. Name and Address of Current Registered Agent

OLP, CAROLYN W  
4770 HIGHLANDS PLACE DRIVE  
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name  
82 OLP, CAROLYN W.

83 Street Address (P.O. Box Number is Not Acceptable)  
84 8321 SANDPOINT BLVD

85 City ORLANDO FL 86 Zip 32819

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 X

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME OLP, CAROLYN W  
STREET ADDRESS 4770 HIGHLANDS PLACE DRIVE  
CITY-ST-ZIP LAKELAND FL 33813

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME OLP, CAROLYN W.  
1.3 STREET ADDRESS 8321 SANDPOINT BLVD  
1.4 CITY-ST-ZIP ORLANDO, FL 32819

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
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

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 a address.

SIGNATURE X Carolyn W. OLP PRESIDENT

X February 15, 1998

CF2E034 (10/97)