Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90168 007 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kathe ine Harris

Secret ary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000040724

UNACIO	MAN INSTALLATION SERVICE	CE, INC.							
Principal Plac	e of Business	Mailing Address				IIIMA IIK IAIN IAIII AANI	Abiti Ab.th bight goett		
		8210 GREENLEAF CIRCLE TAMPA FL 33615							
				DO NOT WRITE IN THIS SPACE					
					2 Date tria	orporated or Qualifed	IN THIS SPACE		
					05/01/	•			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Num			Apriled For	
21		26			59.	-35143e7		Not Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			6 Cortifo at	e of Status Desired	, , , , , , , , , , , , , , , , , , ,	75 Additional	
22		27			9. Certilon	e of Charles Desired	Fe Fe	e Recuired	
City & Stat	te	City & State				Campaign Financing		00 May Be	
23		28				nd Contribution		ted to Fees	
Zip	Country	Zip	Country	,		poration owes the curren	nt year_ntangible ☐ Yes	J₹No	
24	25	29	30			Property Tax.		25140	
	9. Name and Address of Curren	t Registered Agent	- 81	Name	IV. Name a	IN Address of New INC.	gistere a Agent		
LOV	ELACE, WILLIAM K		82						
	O WEST BAY DRIVE			Street A	Street Acdress (P.O. Box Number is Not Acceptable)				
LAR	GO FL		83						
								 -	
			84	City			FL 85	Zip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	es, the above	e-named c	corporation submits	this statement for the pu	urpose of changin	g its r∋gistered	
office or r	to the provisions of Sections 607.050; registered agent, or both, in the State am familiar with, and accept the obligat	of Florida. Such change was tions of, Section 607.0505, Fl	orida Statutes	the corpor	ration's poard of the	this statement for the prectors. I hereby accept	те арропиления	g its r∌gistered as registered	
office or r agent. a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obligation of the state agent	of Florida. Such change was tinns of, Section 607.0505, Floridate if applicable. (NOT	cirida Statutes	the corpor	quired when reinstating)	ectors, r nereby accept	DATE		
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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 unifer 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 1.2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRES S

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR