FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:54

DOCUMENT # **V10782** **(3)**

1. Corporation Name
UNIFIED MANAGEMENT GROUP, INC.

Principal Place of Business	Mailing Address
11130 CROOM RITAL RD. BROOKSVILLE FL 34602	11130 CROOM RITAL RD. BROOKSVILLE FL 34602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1992
3a. Date of Last Report: 05/10/1994

2. Principal Place of Business: 21 20711 U.S. Highway 98
2a. Mailing Address: 26 20711 U.S. Highway 98
4. FEI Number: 59-3017149 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc.: 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State: 23 Dade City, FL / 28 Dade City, FL
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip: 24 33525 Country: 25 / Zip: 29 33525 Country: 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

THOMAS, DAVID A
11130 CROOM RITAL RD
BROOKSVILLE FL 34602

10. Name and Address of New Registered Agent

81 Name: Laz L. Schneider, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 100 N. E. 3 Avenue, Suite 400
83
84 City: Ft. Lauderdale **FL** 85 Zip Code: 33301

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] Laz L. Schneider 4/14/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	11 TITLE	PTD	☒ Change ☐ Addition
NAME	THOMAS, DAVID A	12 NAME	Thomas, David A.	
STREET ADDRESS	11130 CROOM RITAL RD	13 STREET ADDRESS	11130 Croom Rital Road	
CITY-ST-ZIP	BROOKSVILLE FL 34602	14 CITY-ST-ZIP	Brooksville, FL 34602	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	HILL, CHRISTOPHER A.	22 NAME		
STREET ADDRESS	116 TRALE CT	23 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	MONTGOMERY, BILLY J	32 NAME		
STREET ADDRESS	RT 1 BOX 224	33 STREET ADDRESS	Delete	
CITY-ST-ZIP	LAKE PANASOFFKE FL	34 CITY-ST-ZIP		
TITLE		41 TITLE	D	☐ Change ☒ Addition
NAME		42 NAME	KABOT, GARY	
STREET ADDRESS		43 STREET ADDRESS	9200 NW 14 Court	
CITY-ST-ZIP		44 CITY-ST-ZIP	Plantation, FL 33324	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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.

SIGNATURE: [signature] 4/26/95 904 583-3323
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number
GARY KABOT, DIRECTOR

0360349 CP