

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 15 1998 8:00am
Secretary of State

DOCUMENT # V26112 (5)
1. Corporation Name
UNIQUE PREMIUM PRODUCTS, INC.



Principal Place of Business Mailing Address
14220 CARLSON CIRCLE 14220 CARLSON CIRCLE
TAMPA FL 33626 TAMPA FL 33626-3001
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 2435 U.S. Hwy 19 26 2435 U.S. Hwy 19
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 660 Suite 27 660 Suite
City & State City & State
23 Holiday, FL 28 Holiday, FL
Zip Country Zip Country
24 34691 25 USA 29 34691 30 USA

3. Date Incorporated or Qualified
04/01/1992
4. FEI Number 59-3123242 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATTS, BARBARA D
14220 CARLSON CIRCLE
TAMPA FL 33626

81 Name WATTS, BARBARA D.
82 Street Address (P.O. Box Number is Not Acceptable)
2435 U.S. Hwy 19
83 Suite 660
84 City Holiday FL 85 Zip Code 34691

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 Barbara D. Watts BARBARA D. WATTS, President 7-2-98
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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	WATTS, BARBARA D	1808 LAGO VISTA BLVD	PALM HARBOR FL	<input type="checkbox"/>
S	BAKER, ROBERT	6527 LONG OAK CT	LAKELAND FL	<input checked="" type="checkbox"/>
D	BAKER, BRUCE M	6412 SHADOWBROOK DR E	LAKELAND FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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.

CR2E034 (5/98)