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

APPROVED AND FILED
95 APR 26 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V38604** **(7)**

1. Corporation Name
UNIVERSAL COMPUTER CENTER, INC.

Principal Place of Business	Mailing Address
550 MARY ESTHER BLVD FT WALTON BEACH FL 32548 US	550 MARY ESTHER BLVD FT WALTON BEACH FL 32548 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/22/1992
3a. Date of Last Report: 02/14/1994

2. Principal Place of Business	2a. Mailing Address
21 1 Clifford Drive	26 2 Clifford Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Shalimar, FL	City & State 28 Shalimar, FL
Zip / Country 24 32579 / 25	Zip / Country 29 32579 / 30

4. FEI Number: 59-3110008 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SKALKA, MARION S.
528 MOONEY ROAD
FT. WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	SKALKA, MARION S.	12 NAME		
STREET ADDRESS	528 MOONEY RD.	13 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BCH FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	SKALKA, M. YVONNE	22 NAME		
STREET ADDRESS	528 MOONEY RD.	23 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BCH FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	BARNES, RHONDA F.	32 NAME	BARNES, Rhonda F.	
STREET ADDRESS	12044 W RIDGE DR.	33 STREET ADDRESS	201 Eglin Parkway NE	
CITY-ST-ZIP	HUNTSVILLE AL	34 CITY-ST-ZIP	Fort Walton Beach, FL	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	SKALKA, RONALD D.	42 NAME		
STREET ADDRESS	4205 CHALET CIRCLE	43 STREET ADDRESS		
CITY-ST-ZIP	HUNTSVILLE AL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	SKALKA, GREGORY S.	52 NAME		
STREET ADDRESS	528 MOONEY RD.	53 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BCH FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	HODGDON, CHERYL L	62 NAME		
STREET ADDRESS	120 48 W RIDGE DR	63 STREET ADDRESS		
CITY-ST-ZIP	HUNTSVILL AL	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: Marion S. Skalka — 24-Apr-95 — (904)651-4991 X213
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
Marion S. Skalka

0470464 FP