## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F02518 (1)

GT ULTRALIGHTS, INC.

**FILED** 

Apr 28 1998 8:00am

Secretary of State

Principal Place of Business	Mailing Address	. ISBNIAD IIII AANKA SIIRI NOOK LON AIRIN
3506 LYON SPRINGS RD SEVIERVILLE TN 37862	3506 LYON SPRINGS RD SEVIERVILLE TN 37862	

SEVIERVILLE	E TN 97962 SEVIERVILLE TN 37862								
US		ι	US				DO NOT WRITE IN THIS SPACE		
						<ol> <li>Date Incorporated or Qualified</li> <li>10/21/1980</li> </ol>			
·	lace of Business	26	. Mailing Address			4. FEI Number	IA.	oplied For	
21	- <del>,,,</del>	26				59-2158888		ot Applicable	
22	Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	e		City & State			6. Election Campaign Financing	\$5.00	May Be	
23						Trust Fund Contribution		to Fees	
Zip	Count	· —	7ip Country				8. This corporation owes or has paid the current year Intargible		
24	9 Name and Addr	ess of Current Regis	29 30			Personal Property Tax due June 30.	Personal Property Tax due June 30. Yes V No  10. Name and Address of New Registered Agent		
TH	OMPSON, GARY	cas of Contone Hegic	stored Agent	8	1 Name		BIOG ANGILL		
	NW 106 TERR.			L					
E	MBROKE PINES FL	33026		8	2 Street	Address (P.O. Box Number is Not Acceptable)			
	myriding ( MED I E )			8	3				
				8	4 City		es Zin	Codo	
					'		FL   '	Code	
11. Pursuant office or reagent. I a	to the provisions of Sec egistered agent, or bol m familiar with, and ac	ctions 607.0502 and 6 h, in the State of Flori copt the obligations o	607.1508, Florida Statute da Such change was a if, Section 607.0505, Flo	es, the about outhorized I orida Statut	ve-named by the cores.	d corporation submits this statement for the purpor rporation's board of directors. I hereby accept the	ose of changing it a appointment as	ts registered registered	
SIGNATURE		·							
12.	Signature, typed or printed nam	DEFICERS AND DIRE		13.	gent signaturi	re required when reinstating) D. ADDITIONS/CHANGES TO OFFICERS	ATE	28 IN 12	
TITLE		JI ROCKS AND DIREC	DELETE	1.1 TITLE		ADDITIONO/CITANGES TO OFFICENS	Change	Addition	
NAME	THOMPSON, GAP	₹Y		1.2 NAM					
STREET ADDRESS	1834 NATURE'S			1	T ADDRESS			[1	
CITY-ST-ZIP	<b>SEVIERVILLE TN</b>			1.4 CITY					
TITLE	STD		DELETE	2.1 TITLE			Change	Addition	
NAME	THOMPSON, COI			2.2 NAMI				į	
STREET ADDRESS	1834 NATURE'S	WAY		2.3 STRE	ET ADDRESS			J	
CITY-ST-ZIP	<b>SEVIERVILLE TN</b>			2. 4 CITY	- ST - <b>Z</b> IP				
TITLE			DELETE	3.1 TITLE			Change Change	Addition	
NAME				3.2 NAM					
STREET ADDRESS				3.3 STRE	et address	J		}	
CITY-ST-ZIP				3.4. CITY	-ST-ZIP				
TITLE			[]] DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME				4. 2 NAM				Ì	
STREET ADDRESS					ET ADDRESS	1			
CITY-ST-ZIP			Doc Fro	4.4 CITY	ST-ZIP				
TITLE			☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME				5 2 NAME					
STREET ADDRESS					I ADDRESS				
CITY-ST-ZIP			DELETE	5.4 CITY	ST-ZIP		05	Address	
TITLE			☐ DELETE	6 1 TITLE			Change	☐ Addition	
NAME				6.2 NAME					
STREET ADDRESS					T ADDRESS	J		J	
CITY-ST-ZIP				6.4 C/TY	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 an address.

423-429.