

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 AM 10: 09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L60304

(7)

1. Corporation Name

ULTRAJET OF DAYTONA, INC.

Principal Place of Business

**P.O. BOX 045
DAYTONA BEACH FL 32115**

Mailing Address

**P.O. BOX 045
DAYTONA BEACH FL 32115**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/27/1990

3a. Date of Last Report

04/14/1994

4. FEI Number

59-3073236

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 P.O. Box 11324

2a. Mailing Address

26 P.O. Box 11324

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 DAYTONA BEACH, FL

City & State

28 DAYTONA BEACH, FL

Zip

Country

Zip

Country

24 32120

25

29 32120

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOODS, JUDSON I. JR.
37 TWIN RIVER DRIVE
ORMOND BEACH FL 32174**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

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	P
NAME	WOODS, JUDSON I. JR.
STREET ADDRESS	37 TWIN RIVER DR.
CITY - ST - ZIP	ORMOND BEACH FL 32774
TITLE	VP
NAME	FESSMANN, LENNIE
STREET ADDRESS	13 BAYBERRY
CITY - ST - ZIP	ORMOND BCH FL
TITLE	VP
NAME	WOODS, M J
STREET ADDRESS	37 TWIN RIVER DR. RE. 2
CITY - ST - ZIP	ORMOND BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(h), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

Judson I. Woods Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/95 **904-253-0461**
Date Signature #