

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000077428 (9)**

1. Corporation Name

**ULTRA CONTRACTORS OF CENTRAL FLORIDA, INC.**



Principal Place of Business

Mailing Address

2316 N. RIO GRAND AVE.  
ORLANDO FL 32804

2316 N. RIO GRAND AVE.  
ORLANDO FL 32804

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**11/01/1993**

3a. Date of Last Report  
**01/17/1995**

4. FEI Number  
**59-3211080**

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 intangibles tax under s. 199.032 Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

**MILLER, DOUGLAS E  
2316 N. RIO GRAND AVE.  
ORLANDO FL 32804**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.007 and 607.1506, 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 607.006(3), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I 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)(k), Florida Statutes. I further certify that the information indicated on this and on report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Doug Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96 (407) 871-0725  
Date: \_\_\_\_\_ Day: \_\_\_\_\_

CR2E034 (12/95)