


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

**FILED**  
**Jan 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P93000077428 (9)</b> 1. Corporation Name <b>ULTRA CONTRACTORS OF CENTRAL FLORIDA, INC.</b>		



DO NOT WRITE IN THIS SPACE

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	3. Date Incorporated or Qualified	4. FEI Number
21	26	11/01/1993	59-3211080
Suite, Apt. #, etc. ...	Suite, Apt. #, etc.	5. Certificate of Status Desired	Applied For / Not Applicable
22	27	<input type="checkbox"/>	<input type="checkbox"/>
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	Zip	Country
24	25	29	30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30,	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. Name and Address of Current Registered Agent <b>MILLER, DOUGLAS E</b> <b>2316 N. RIO GRAND AVE.</b> <b>ORLANDO FL 32804</b>		
10. Name and Address of New Registered Agent		
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	MILLER, DOUGLAS E
STREET ADDRESS	1121 ARTHUR AVE.
CITY-ST-ZIP	ORLANDO FL 32804
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-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 or changed, or on an attachment with an address.

SIGNATURE: Douglas E Miller **REQUIRE** 1/6/98 407 872-0725

CR2E034 (10/97)