

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **242256** (6)
1. Corporation Name
FLORIDA ULTRAFLO INC.



Principal Place of Business: **406 1/2 S. 5TH ST. FT PIERCE FL 34950**
Mailing Address: **406 1/2 S. 5TH ST. FT PIERCE FL 34950**

3. Date Incorporated or Qualified: **11/21/1960**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **65-0029469**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**STONE, C W
406 1/2 SOUTH 5TH STREET
FORT. PIERCE FL 33450**

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 607.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD	NAME: STONE, CHARLES WILLIAM	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 406 1/2 SOUTH 5TH STREET	CITY-ST-ZIP: FT PIERCE, FL 34950	1.2 NAME
TITLE: STD	NAME: NEWMARK, E.M.	1.3 STREET ADDRESS
STREET ADDRESS: PO BOX 4295 N/A	CITY-ST-ZIP: VERO BEACH FL	1.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD	NAME: STONE, HETTIE D.	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 406 1/2 S 5TH STREET	CITY-ST-ZIP: FT PIERCE, FL 34950	2.2 NAME
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	2.3 STREET ADDRESS
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	3.3 STREET ADDRESS
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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)(k), 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: *Charles W. Stone*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-98
407 464-1200

CR2E034 (12/95)