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Feb 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 34950-8312



3. Date Incorporated or Qualified 11/21/1960
3a. Date of Last Report 04/19/1996

4. FEI Number 65-0029469
Applied For Not Applicable

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

21 410 No. 44th Street
Suite, Apt. #, etc.

22 City & State

23 Ft. Pierce, Florida
Zip Country

24 34947 25 St. Lucie

2a. Mailing Address

26 3000 Par Drive
Suite, Apt. #, etc.

27 City & State

28 Vero Beach, Florida
Zip Country

29 32960 30 Indian River

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 E. M. NEWMARK
82 Street Address (P.O. Box Number is Not Acceptable) 3000 Par Drive
83 Vero Beach, Florida
84 City Vero Beach FL 85 Zip Code 32960

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 E. M. Newmark DATE 2/3/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	STONE, CHARLES WILLIAM	
STREET ADDRESS	406 1/2 SOUTH 5TH STREET	
CITY-ST-ZIP	FT PIERCE FL 34950	
TITLE	STD	DELETE
NAME	NEWMARK, E.M.	
STREET ADDRESS	PO BOX 4295 N/A	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VD	DELETE
NAME	STONE, HETTIE D.	
STREET ADDRESS	406 1/2 S. 5TH ST.	
CITY-ST-ZIP	FT PIERCE FL 34950	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	Change	Addition
1.2 NAME	E. M. NEWMARK		
1.3 STREET ADDRESS	3000 Par Drive		
1.4 CITY-ST-ZIP	Vero Beach, FL 32960		
2.1 TITLE	VD	Change	Addition
2.2 NAME	Walter E. North		
2.3 STREET ADDRESS	410 No. 44th Street		
2.4 CITY-ST-ZIP	Ft. Pierce, FL 34947		
3.1 TITLE	STD	Change	Addition
3.2 NAME	SHARON E. STEPHENS		
3.3 STREET ADDRESS	2481 So. Jenkins Road		
3.4 CITY-ST-ZIP	Ft. Pierce, FL 34947		
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 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.

SIGNATURE: E. M. Newmark DATE: 2/3/97 561-567-1654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)