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May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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	Mailing Address
410 N 44TH STREET FT PIERCE FL 34947 US	3000 PAR DRIVE VERO BEACH FL 32960 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/21/1960

2. Principal Place of Business		**2a.** Mailing Address		**4.** FEI Number **65-0029469**		Applied For / Not Applicable
21		**26**				
Suite, Apt. #, etc. **22**		Suite, Apt. #, etc. **27**		**5.** Certificate of Status Desired ☐		**$8.75** Additional Fee Required
City & State **23**		City & State **28**		**6.** Election Campaign Financing Trust Fund Contribution ☐		**$5.00** May Be Added to Fees
Zip **24**	Country **25**	Zip **29**	Country **30**	**8.** This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No		

9. Name and Address of Current Registered Agent

NEWMARK, E M
3000 PAR DRIVE
VERO BEACH FL 32960

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 _____

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	PD	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	NEWMARK, E M		1.2 NAME			
STREET ADDRESS	3000 PAR DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP			
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change	☒ Addition
NAME	NORTH, WALTER E		2.2 NAME	HODGES, NANCY		
STREET ADDRESS	410 N 44TH STREET		2.3 STREET ADDRESS	3000 PAR DRIVE		
CITY-ST-ZIP	FT PIERCE FL		2.4 CITY-ST-ZIP	VERO BEACH, FLA 32960		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	STEPHENS, SHARON E		3.2 NAME			
STREET ADDRESS	2481 S JENKINS ROAD		3.3 STREET ADDRESS			
CITY-ST-ZIP	FT PIERCE FL		3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

CR2E034 (10/97)

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 if changed, or on an attachment with an address.

SIGNATURE _____   E M NEWMARK   4-17-98