

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **422457** (2)
1. Corporation Name
UGH, INC.

Principal Place of Business Mailing Address
10785 ULMERTON RD LARGO FL 34648 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/30/1973	3a. Date of Last Report 03/07/1994
21	22		4. FEI Number 59-1459935		Applied For Not Applicable
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JONASSEN, WILLIAM S. 10785 ULMERTON ROAD LARGO FL 34648				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, Street or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONASSEN, WILLIAM S.	1 2 NAME	
STREET ADDRESS	10785 ULMERTON ROAD	1 3 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	1 4 CITY - ST - ZIP	
TITLE		2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY - ST - ZIP		2 4 CITY - ST - ZIP	
TITLE		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 CITY - ST - ZIP	

14. I declare by a duly qualified attestation supplied with this filing, that the information provided is true and accurate and does not qualify for the exemption stated in Section 110.07(3)(h), Florida Statutes. I further certify that the information contained on this annual report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. If I am an officer or director of the corporation, the receiver or trustee empowered to execute this report as required by Chapter 407, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *William S. Jonassen* **WILLIAM S. JONASSEN** 2-27-95 813-576-1444
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Filing Fee)