FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 3:41

DOCUMENT # **F93000003969 (3)**

1. Corporation Name
ULTRA BRANDS, INC.

Principal Place of Business
2120 KILLEARNEY WAY
TALLAHASSEE FL 32308
US

Mailing Address
2120 KILLEARNEY WAY
TALLAHASSEE FL 32308
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/01/1993**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: **77-0321940** — 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
SIMMONS OUTDOOR CORPORATION
2120 KILLEARNEY WAY
TALLAHASSEE FL 32308

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name/address)

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	COSPER, FREDERICK L II
STREET ADDRESS	2120 KILLEARNEY WAY
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	SD
NAME	SNOW, N. NICOLL
STREET ADDRESS	2120 KILLEARNEY WAY
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	VP
NAME	GALLAGHER, JOSEPH
STREET ADDRESS	825 RIVERSIDE AVE, #2
CITY - ST - ZIP	PASO ROBLES CA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	XX Change ☐ Addition
1.2 NAME	BRIDGMAN, LARRY W.	
1.3 STREET ADDRESS	2120 KILLEARNEY WAY	
1.4 CITY - ST - ZIP	TALLAHASSEE, FL 32308	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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 ADDR		
5.4 CITY - ST -		
6.1 TITLE		☐ Change ☐ Addition
6.2 NA		
6.3		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished [illegible] 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 re[illegible] 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 emp[illegible] 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 [illegible] address.

SIGNATURE: N. Nicoll Snow — 4/11/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
N. NICOLL SNOW

CP