FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Lam an officer or direct appears in Block 12 or

SIGNATURE:

P.O.BOX 3825 ST AUGUSTINE EL 32084



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G84280

(8)

FILED Apr 21 1997 8:00am Secretary of State

ULTIMATE UPKEEP, INC.

Mailing Address

P.O.BOX 3825 ST AUGUSTINE FL 32084-7474

Suite April #, OC Suit			<i>L</i>					
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Name and Address of Current Registered Agent HENDERSON, SHARON 3000 INDEPENDENT SO. JACKSONVILLE FL 32201 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 85 86 City FL 87 Zip Code 86 87 Street Address (P.O. Box Number is Not Acceptable) 88 89 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 80 81 Name 80 Street Address (P.O. Box Number is Not Acceptable) 81 82 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code 81 Zip Code 81 Zip Code 81 Zip Code 82 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Zip Code 84 Zip Code 85 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 81 Zip Code 81 Zip Code 81 Zip Code 81 Zip Code 82 Zip Code 83 Zip Code 84 Zip Code 85 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code 81 Zip Code 81 Zip Code 81 Zip Code 82 Zip Code 82 Zip Code 83 Zip Code 84 Zip Code 85 Zip Code 86 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 87 Zip Code 88 Zip Code 89 Zip Code 89 Zip Code 80 Zip Co	「Zpī」 コー コラク ィ	ARI Dela	2 2 2 VC	Country	The	<i>•</i>		s. 199.032,
HENDERSON, SHARON 3000 INDEPENDENT SQ. JACKSONMILLE FL 32201 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 register of agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. VP OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. City FL ST AUGUSTINE FL Change Acceptable Change Acceptable Acce	1 300		29 > 00 - 30	<u>. pc.</u>	7000			
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11. Pursuant to the previsions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registed 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 registed agent unit, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature required when reinstating) DATE OFFICERS AND DIRECTORS IN 12 The MANE Signature Signature required when reinstating) DATE OFFICERS AND DIRECTORS IN 12 The Mane Signature required when reinstating) DATE OFFICERS AND DIRECTORS IN 12 The Mane Signature required when reinstating) DATE OFFICERS AND DIRECTORS IN 12 The Mane Signature required when reinstating) DATE OFFICERS AND DIRECTORS IN 12 The Mane Signature required when reinstating) DATE OFFICERS AND DIRECTORS IN 12 The Mane Signature required when reinstating) DATE OFFICERS AND DIRECTORS IN 12 The Mane Signature required when reinstating) DATE OFFICERS AND DIRECTORS IN 12 The Mane Signature required when reinstating) DATE OFFICERS AND DIRECTORS IN 12 The Mane Signature required when reinstating) DATE Change ACCIVES AND						82 Street Address (P.O. Box Number is Not Acceptable)		
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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 oat I am an officer or director of the corp ration or the record of the corp ration of the corp r	14 - Lido hereb	y ceruty that the information supplied	n with this filing does not qualify fo	or the exe	mption state	or in Section 119.07(3)(i), Florida Statutes.	I further certify tha	the