

**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



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 26 PM 4:26

DOCUMENT # H47262 (1)

1. Corporation Name  
**ULTRA DEVELOPMENT, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address

18163 CUTLASS DR 18163 CUTLASS DR  
1061 MAITLAND CENTER COMMONS STE #103 1061 MAITLAND CENTER COMMONS STE #103  
FT MYERS BEACH FL 33931 FT MYERS BEACH FL 33931  
US US

3. Date Incorporated or Qualified **03/14/1985** 3a. Date of Last Report **04/20/1994**

4. FEI Number **58-1609249** 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. 109.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 **18163 Cutlass Drive** 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 **Ft Myers Beach, FL** 28

24 **33931** 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**WALLS, RONALD T**  
**18163 CUTLASS DR**  
**FT MYERS BEACH FL 33931**

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 reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>WALLS, BETH GREENLEE</b>
STREET ADDRESS	<b>12213 NORTH BRIGHT WATER</b>
CITY-ST-ZIP	<b>TEMPLES TERRACE FL</b>
TITLE	<b>D</b>
NAME	<b>WALLS, HOWARD WATSON</b>
STREET ADDRESS	<b>12213 NORTH BRIGHT WATER</b>
CITY-ST-ZIP	<b>TEMPLES TERRACE FL</b>
TITLE	<b>P</b>
NAME	<b>WALLS, RONALD T.</b>
STREET ADDRESS	<b>1059 MAITLAND CTR., #104</b>
CITY-ST-ZIP	<b>MAITLAND FL</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is true and accurate and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or other periodic 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 recipient of the report and am authorized 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 \_\_\_\_\_ DATE **1/24/95** **813-332-0651**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR