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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J69950

(0)

	UAST UKTHUPAEUICS, P.								
Principal Place of Business Mailing Address % JEREMIAH A. HUBBARD % JEREMIAH A. HUBBARD							2011 21211 21211	41917 41811 4141	• • • • • • • • • • • • • • • • • • • •
520 SE 8 AVE 520 SE 8 AVE									
CRYSTAL RIVER	R FL 34429	CHISTAL NIVER PL 34421) 1011			3. Date Incorporated or Qualit	ied 3a.	Date of Last	Report
						05/01/1987	05	/01/1996	
	lace of Business	2a. Mailing Address				4. FEI Number 59-2789817			Applied For
Suite, Apt	#, etc.	Suite, Apt. #, etc.	······································		,·· · · · · · · · · · · · · · · · · · ·				Not Applicable Additional
22		27				5. Certificate of Status Desired	ı 🖸		Required
City & Stat	te	City & State				6. Election Campaign Financia		\$5.0	O May Be
23	Country	28	Caus		· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution			d to Fees
Zip 24	Country 25	Zìp 29	Count	цy		 This corporation has liability Florida Statutes 	/ for intangib	le tax under	s. 199.032,
271	9. Name and Address of Curre		1901			10. Name and Address of Ne			
STA	LCUP, II W J.		8	31	Name				
520	SE 8TH AVENUE		E	12	Street Addre	ss (P.O. Box Number is Not Aco	eptable)		······································
CRY	STAL RIVER FL 34429			33					
			["	"					
			6	34	City		F	85 Zij	p Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida State	utes, the abo	-νe	named corpo	oration submits this statement for		of changing	its registered
office or agent. La	to the provisions of Sections 607.05 registered agent, or both, in the Stat arn familiar with, and accept the obli	le of Florida. Such change was gations of, Section 607.0505, F	authorized Florida Statu	by tes	the corporation.	on's board of directors. I hereby a	iccept the ap	pointment a	is registered
SIGNATURE									
12.	Signature, typind or printed name of registered at OFFICERS A!	gent and title if applicable (NO ND DIRECTORS	JTE: Hegistered /	Aper	ni signature require	ADDITIONS/CHANGES TO C	DATE DEFICERS AN	ID DIRECTO)RS IN 12
1:NE	D			1.1 TITLE		7.007(1010)01177,000 (0.4		Change	
NAME	HUBBARD, JEREMIAH A.		1.2 NAM	Æ					
STREET ADORESS	520 SE 8 AVE		1.3 STRI	EET	ADDRESS				
CITY-ST-ZIF	CRYSTAL RIVER FL	T DELETE	1.4 CITY		T - ZIP			Chana	Adding
TITLE	D CTALCOUR MAILUANA A III			2.1 TITLE 2.2 NAME				☐ Change	Addition
NAME STREET ADDRESS	STALCUP, WILLIAM J. II 520 SE 8 AVE				ADDRESS				
CITY-ST ZIP	CRYSTAL RIVER FL		•	2. 4 CITY-ST-ZIP					
TITLE		DELETE	3.1 TITL					☐ Change	Addition
NAME			3.2 NAM	Æ			•		
STREET ADDRESS			3.3 STR	3.3 STREET ADDRESS					
CITY - ST - ZIP			3.4. CIT		ST-ZIP			Change	Addition
TITLE NAME			4.1 TITL 4. 2 NA					L. Charge	: [] Vadition
STREET ADDRESS					ADORESS				
CHTY-ST-ZIP			4.4 CITY-		1				
TITLE		DELETE	51 TITL					☐ Change	Addition
NAME			52 NAM	AE.	}				
STHEET ACIDRESS					ADDRESS				
City-St-7iP		DELETE	5.4 C(1)		r-ZIP			Change	Addition
TITLE NAMÉ		☐ OFFEIG	6.1 TITU 6.2 NAM					L Criarily	. Firm Variations
- we sport			■ 0.2 m/m		· · · ·				

6.3 STREET ADDRESS

SIGNATURE: X

STREET ADDRESS CHY-ST-2IF

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 oath; that I am an officer or director of the componant 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 is changed, or on an attachment with an address.

FILED

May 07 1997 8:00am

Secretary of State

Daytime Phone #

DASBARA