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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

r. Corporation	MENT # J98091 UTH INDUSTRIES CORP.				1 1 0 1 11/4 1 11/4 11/4 11/4 11/4	ı derke keren kiril birili e	811 81814 81842 81	. .
Principal Place		Mailing Address 913 SE 15 AVE						
INDUSTRIAL PARK CAPE CORAL FL 33990 US		INDUSTRIAL PARK CAPE CORAL FL 33990 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
					10/20/1987			
	ace of Business SE 15 Ave.	2a. Mailing Address			4. FEI Number 65-0016259			lied For Applicable
21 913 Suite, Apt.		Suite, Apt. #, etc.			00 00 10209	 .	\$8.75 A	
	trial Park	27			5. Certificate of Status Des	sired	Fee Red	
City & State		City & State			6. Election Campaign Fina	encina	\$5.00	May Re
·	Coral, FL	28			Trust Fund Contribution	- 11	Added to	
Zip	Country	Zip	Country		8. This corporation owes t	he current year Inta	ıngible	
24 33	990 ₂₅ Lee	29	30		Personal Property Tax.			□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of	New Registered	Agent	
1 111 1	DODEDT O		81	Name				
HILL, ROBERT C.				Street Add	Iress (P.O. Box Number is Not	Acceptable)		
2431-33 FIRST STREET FORT MYERS FL 33901					· i			
run	1 M1EU2 LT 22801		83		ı			
				City	: "	FL	85 Zip C	ode
office or re agent. I as SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State o in familiar with, and accept the obligation	f Florida. Such change was aut ons of, Section 607.0505, Florid	thorized by da Statutes	the corporati	ion's board of directors. I hereb	for the purpose of y accept the appoir	changing its i	registered pistered
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	t signature require	ed when reinstating) ADDITIONS/CHANGES		D DIRECTOR	RS IN 12
TITLE	PD	☐ DELETE	1,1 TITLE		1		Change	Addition
NAME	GLEY, PAUL		1.2 NAME					
STREET ADDRESS	913 S.E. 15TH AVE.		1.3 STREET	ADDRESS	ı			
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-S	1				
TITLE			2.1 TITLE	-	,	- · · · ·	Change	Addition
NAME	GLEY, DIANE		2.2 NAME		1			
STREET ADDRESS	913 S.E. 15TH AVE.		2.3 STREET	ADDRESS	:			
CITY-ST-ZIP	CAPE CORAL FL		2.4 CITY-S	T-ZIP	I			. 1
TITLE		☐ DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-S					
TITLE		☐ DELETE	4.1 TITLE		1		Change	☐ Addition
NAME			4. 2 NAME		!			
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY- S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE		}		Change	Addition
NAME			5.2 NAME				•	
STREET ADDRESS			5.3 STREET					
CITY-ST-ZIP		□ Betere	5.4 CITY-ST	r-zip			D01	□ A 22332
TITLE		☐ DELETE					Change	☐ Addition
NAME			6.2 NAME		'			

14. I 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 control 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 if changed, or on a paracriment with an address with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Paul Gley

2-1-99

941-574-2459