

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K23304** (4)
1. Corporation Name

ULTIMA BUILDING MAINTENANCE, INC.



Principal Place of Business

**1950 LEE RD #123
WINTER PARK FL 32789
US**

Mailing Address

**P.O. BOX 540791
ORLANDO FL 32854**

3. Date Incorporated or Qualified
05/09/1988

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 **6435-A Jones Ave.**
Suite, Apt. #, etc.

26 **P.O. Box 914**
Suite, Apt. #, etc.

22 City & State
Zellwood, FL

27 City & State
Apopka, FL

23 Zip Country
32798 USA

28 Zip Country
32704 USA

4. FEI Number
59-2889561

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. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**WALKE, DAVID H JR
1950 LEE RD., SUITE 123
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
970 Piedmont Oaks Dr.

83

84 City

Apopka

FL

85 Zip Code
32703

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

Signature, typed or printed name of registered agent and date of filing

(NOTE: Registered Agent Signature is required when filing this statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	WALKE, DAVID H., JR.	970 PIEDMONT OAKS DR.	APOPKA FL	<input type="checkbox"/>
VP	WALKE, ANN MARTIN	642 ONTARIO STREET	SHREVEPORT LA	<input type="checkbox"/>
CSTD	WALKE, DAVID H., SR.	642 ONTARIO STREET	SHREVEPORT LA	<input type="checkbox"/>
V	WALKE, CHARLSIE L.	970 PIEDMONT OAKS DR.	APOPKA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
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☐ Change ☒ Addition

32703

☒ Change ☐ Addition

**20 Tealwood
Shreveport, LA 71104**

☒ Change ☐ Addition

**20 Tealwood
Shreveport, LA 71104**

☐ Change ☒ Addition

32703

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96

DATE

Daytime Phone #

CR2E034 (12/95)