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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K23304 (4)

1. Corporation Name
ULTIMA BUILDING MAINTENANCE, INC.

Principal Place of Business

6435-A JONES AVE.
ZELLWOOD FL 32798
US

Mailing Address

P.O. BOX 914
APOPKA FL 32704-0914
US



2. Principal Place of Business

21 7803 N. Orange Blossom Tr.

Suite, Apt. #, etc.

22 Suite 9

City & State

23 Orlando, FL

Zip

24 32810

Country

25 USA

2a. Mailing Address

26 7803 N. Orange Blossom Tr.

Suite, Apt. #, etc.

27 Suite 9

City & State

28 Orlando, FL

Zip

29 32810

Country

30 USA

3. Date Incorporated or Qualified

05/09/1988

3a. Date of Last Report

04/11/1996

4. FEI Number

59-2889561

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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
970 PIEDMONT OAKS DR.
APOPKA FL 32703

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WALKE, DAVID H., JR.
STREET ADDRESS 970 PIEDMONT OAKS DR.
CITY-ST-ZIP APOPKA FL

☐ DELETE

TITLE VP
NAME WALKE, ANN MARTIN
STREET ADDRESS 20 TEALWOOD
CITY-ST-ZIP SHREVEPORT LA

☐ DELETE

TITLE CSTD
NAME WALKE, DAVID H., SR.
STREET ADDRESS 20 TEALWOOD
CITY-ST-ZIP SHREVEPORT LA

☐ DELETE

TITLE V
NAME WALKE, CHARLSIE L.
STREET ADDRESS 970 PIEDMONT OAKS DR.
CITY-ST-ZIP APOPKA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 corporation 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 an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-97 (407) 298-1975

Date

Daytime Phone #

CR2E034 (9/96)