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FILED
May 12 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 # L60304

(7)

1. Corporation Name

ULTRAJET OF DAYTONA, INC.

Principal Place of Business

PO BOX 11324
DAYTONA BEACH FL 32120
US

Mailing Address

PO BOX 11324
DAYTONA BEACH FL 32120-1324
US

2. Principal Place of Business

21 849 BALLOUGH RD

Suite, Apt. #, etc.

22 City & State

23 DAYTONA BEACH, FL

Zip

24 32114

Country

25 USA

26. Mailing Address

26 P.O. Box 731136

Suite, Apt. #, etc.

27 City & State

28 ORMOND BEACH, FL

Zip

29

Country

30

9. Name and Address of Current Registered Agent

WOODS, JUDSON I. JR.
37 TWIN RIVER DRIVE
ORMOND BEACH FL 32174

81 Name

FESSMANN LENNIE

82 Street Address (P.O. Box Number is Not Acceptable)

13 BAYBERRY

83

84 City

ORMOND BEACH

FL

85 Zip Code

32174

3. Date Incorporated or Qualified

03/27/1990

3a. Date of Last Report

04/03/1996

4. FEI Number

59-3089897

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

10. Name and Address of New Registered Agent

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

Lennie Fessmann

Pres

4/25/97

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 P
NAME WOODS, JUDSON I. JR.
STREET ADDRESS 37 TWIN RIVER DR.
CITY-ST-ZIP ORMOND BEACH FL 32774

TITLE VP
NAME FESSMANN, LENNIE
STREET ADDRESS 13 BAYBERRY
CITY-ST-ZIP ORMOND BCH FL

TITLE VP
NAME WOODS, III J
STREET ADDRESS 37 TWIN RIVER DR. RE. 2
CITY-ST-ZIP ORMOND BCH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE PRES.
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

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:

Lennie Fessmann

4/25/97

(904) 255-1917

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #