Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90135 022 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400069620

1. Corporation Name

ULTRA LINE PRODUCTS, INC.

City & State  229  Country  280  Country  290  Country  300  8. This proposition overs the current year Intanglie Personal Property Tax.  No. Name and Address of Current Registered Agent  KVIZ, HARRY JR.  33.7 E. FORSYTH STREET  JA CKSONVILLE FL 322)2  83  Street Aidress (P.O. Box Number is Not Acceptable)  33  Street Aidress of Current Registered Agent  11. Pursuant to the provisions of Sucions 607.050° and 607.1506. Florids Statisties, the above-named corporation subm is this statement for the purpose of changing its registered agent. In minimum with graph soften building most of the purpose of changing its registered agent. In the provisions of Sucions 607.050° and 607.1506. Florids Statisties, the above-named corporation subm is this statement for the purpose of changing its registered office or registered agent. In minimum with graph soften building most office or registered agent. In minimum with graph soften building most office or registered agent. In minimum with graph soften building most office or registered agent. In minimum with graph soften building most office or registered agent. In minimum with graph soften building most office or registered agent. In minimum with graph soften building most office or registered agent. In minimum with graph soften building most office or registered agent. In minimum with graph soften building most office or registered agent. In minimum with graph soften building most office or registered agent. In minimum with graph soften building most office or registered agent. In minimum with graph soften building most office or registered agent. In minimum with graph soften building most office or registered agent. In minimum with graph soften building most office or registered agent. In minimum with graph soften building most office or registered agent. In minimum with graph soften building most office or registered agent. In minimum with graph soften building most office or registered agent. In minimum with graph soften building most office or registered agent. In minimum					<u>.</u>						
ACKSONNILLE FL 32210    Same incorporated or Qualified   OBJ 1994   Applied For	Principal P acc	e of Business	Mailing Address								
3. Date locoprison of Coulted Only 1994 3. Principal Place of Business 2. Missing Address 2. Missing Address 3. 28   Suite, Apl. #, etc. 3. Suite, Apl. #, etc. 4. FEI Nimber 5. 93/68 187   No. Application of Suite, Apl. #, etc. 5. Certificate of Status Desired 5. Scentificate of Status Desired 5. Scenificate 5. S	JACKSONVILLE						DO NOT W	RITE IN THI	IS SPACE		
2. Principi Place of Business   2. Mailing Address   4. Filt mimore   5. Adjusted For   5. Filt mimore   5. Adjusted For   5. Sulle, Apri. #, etc.   5. Sulle, Apri. #, etc.   5. Sulle, Apri. #, etc.   5. Certificate of Status Desired   5. Adjusted   5. Sulle, Apri. #, etc.   5. Certificate of Status Desired   5. Sulle, Apri. #, etc.   5. Certificate of Status Desired   5. Sulle, Apri. #, etc.   5. Certificate of Status Desired   5. Sulle, Apri. #, etc.   5. Certificate of Status Desired   5. Sulle, Apri. #, etc.   5. Certificate of Status Desired   5. Sulle, Apri. #, etc.   5. Certificate of Status Desired   5. Sulle, Apri. #, etc.   5. Certificate of Status Desired   5. Sulle, Apri. #, etc.   5. Certificate of Status Desired   5. Sulle, Apri. #, etc.   5. Certificate of Status Desired   5. Sulle, Apri. #, etc.   5. Certificate of Status Desired   5. Sulle, Apri. #, etc.   5. Certificate of Status Desired   5. Sulle, Apri. #, etc.   5. Certificate of Status Desired   5. Sulle, Apri. #, etc.   5. Certificate of Status Desired   5. Sulle, Apri. #, etc.   5. Certificate of Status Desired   5. Sulle, Apri. #, etc.   5. Certificate of Status Desired   5. Sulle, Apri. #, etc.   5. Certificate of Status Desired   5. Sulle, Apri. #, etc.   5. Certificate of Status Desired   5. Sulle, Apri. #, etc.   5. Certificate of Status Desired   5. Sulle, Apri. #, etc.   5. Certificate of Status Desired   5. Sulle, April #, etc.   5. Certificate of Status Desired   5. Sulle, April #, etc.   5. Certificate of Status Desired   5. Certificate of Status Desired   5. Certificate of Status Desired   5. Sulle, April #, etc.   5. Certificate of Status Desired   5. Certificate   5. Certificate of Status Desired   5. Certificate	US					3. Date I	ncorporated or Qualife	ed -			
2. Principal Place of Business   2. Amining Address   2. Amining Amining Address   2. Amining Address   2. Amining Address   2. Amining Amining Address   2. Amining Aminin											
Sulfe, Apt. 9, etc.    25   Sulfe, Apt. 9, etc.   27   27   Sulfe, Apt. 9, etc.   27   27   Sulfe, Apt. 9, etc.   27   27   Sulfe, Apt. 9, etc.   28   Sulfe, Apt. 9, etc.   29   29   30   Personal Property and Addition Notes and Address of Current Registered Agent   32   Sulfe, Apt. 9, etc.   29   30   Personal Property are currently over Imagister and Agent   37   F. FORSYTH STREET   Personal Property and Address of New Registered Agent   3. Name and Address of Current Registered Agent   10, Name and Address of New Registered Agent   10, Name and Address of New Registered Agent   11, Pursuant to the provisions of Sections 807.000; and 607.1508, Florida Statutes   12   Street Address (P.O. Bot Number is Not Acceptable)   11, Pursuant to the provisions of Sections 807.000; and 607.1508, Florida Statutes   12   Street Address (P.O. Bot Number is Not Acceptable)   12   Street Address (P.O. Bot Number is Not Acceptable)   13   Name   14   Street Address (P.O. Bot Number is Not Acceptable)   14   Street Address (P.O. Bot Number is Not Acceptable)   15   Street Address (P.O. Bot Number is Not Acceptable)   15   Street Address (P.O. Bot Number is Not Acceptable)   15   Street Address (P.O. Bot Number is Not Acceptable)   15   Street Address (P.O. Bot Number is Not Acceptable)   15   Street Address (P.O. Bot Number is Not Acceptable)   16   Street Address (P.O. Bot Number is Not Acceptable)   17   Street Address (P.O. Bot Number is Not Acceptable)   18   Street Address (P.O. Bot Number is Not Acceptable)   18   Street Address (P.O. Bot Number is Not Acceptable)   18   Street Address (P.O. Bot Number is Not Acceptable)   18   Street Address (P.O. Bot Number is Not Acceptable)   18   Street Address (P.O. Bot Number is Not Acceptable)   18   Street Address (P.O. Bot Number is Not Acceptable)   18   Street Address (P.O. Bot Number is Not Acceptable)   18   Street Address (P.O. Bot Number is Not Acceptable)   18   Street Address (P.O. Bot Number is Not Acceptable)   18   Street Address (P.O. Bot Number is Not Acceptable)	2 Principal P	lace of Business	2a. Mailing Address						Apr	lied For	
Sulle, Apt. #, etc.   Sulle, Apt. #, etc.   27						59-32	268187		Not	Applicable	
City & State									\$8.75 A	dditional	
City & State    City & State   City &	22		27			5. Ceruic	ate of Status Desired		Fee Re	luired	
28						6. Election	n Campaign Financin	g 🗀	\$5.00	vlay Be	
Zip   Country   Zip   Country   8. This exposition moves the current year Intengible   Personal Property Tax   Ves   No	23		28			Trust	und Contribution		Added to	Fees	
9. Name and Address of Curren: Registered Agent  KATZ, HARRY JR. 33.7 E. FORSYTH STREET JACKSONVILLE FL 322)2  84 City  FL 85 Zip Code  11. Pursuant to the provisions of S change 607.050; and 607.1508. Florida Statistics, the above-named to importation subm to this statement for the purpose of changing its registered agent or bit in pulse State in Florida. Such change was authorsed by the corpor ston's board of sirectors. I hereby accept the ap pointment as registered different and familiar with under a profite bolidation on of Section 807.0505. The Statistics is a submitted by the corpor ston's board of sirectors. I hereby accept the ap pointment as registered different and familiar with under a profite bolidation on of Section 807.0505. The Statistics is a submitted by the corpor ston's board of sirectors. I hereby accept the ap pointment as registered different and a statistics.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  DATE  12. OPFRICERS AN 2 DIRECTORS  13. ADDITI 3NS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OPFRICERS AND DIRECTORS  13. The Late of the purpose of changing its registered agent and should be above on the purpose of changing its registered agent and should be above of sirectors. I hereby accept the ap pointment as registered agent and should be above of sirectors. I hereby accept the ap pointment as registered agent and should be above of sirectors. I hereby accept the appointment as registered agent and should be above of sirectors. I hereby accept the appointment as registered agent and should be above of sirectors. I hereby accept the purpose of changing its registered agent agent and should be accepted to the purpose of changing its registered agent agent and should be accepted to the purpose of changing its registered agent agent and should be accepted agent age			Zip Country			8. This c					
Section   Sect	24	25 29 30		30			T Cross C. T. T. P. T. Y			_INo	
KATZ, HARRY JR. 37 E. FORSYTH STREET JACKSONVILLE FL 322)2  83 City  84 City  85 Zip Code  11. Pursuint to the provisions of Sictions 607.050; and 607.1508, Florida Statuties, the above-named corporation subm is this statement for the purpose of changing its egistered agent. I am familiar with package specific collisions of Specific 607.050; and 607.1508, Florida Statuties, the above-named corporation subm is this statement for the purpose of changing its egistered agent. I am familiar with package specific collisions of Specific 607.050; florida Statuties  SIGNATURE  SIGNATURE  OFFICERS AN DIRECTORS  13. ADDITI DINSICHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  JAMES D. GRIFFIN, JR  STREET ADDRESS  GIV-51-79  JACKSONVILLE FL  OBLETE  21 TITLE  DELETE  22 NAME  22 NAME  33 STREET ADDRESS  GIV-51-79  DELETE  23 TITLE  Change Addition  Addition  NAME  STREET ADDRESS  GIV-51-79  TITLE  Change Addition  Addition  Addition  Addition  Addition  STREET ADDRESS  GIV-51-79  TITLE  Change Addition  Addition  Addition  STREET ADDRESS  GIV-51-79  TITLE  Change Addition  Addition  Addition  STREET ADDRESS  GIV-51-79  TITLE  Change Addition  Addit		9. Name and Address of Curre	n: Registered Agent			10, Name	and Address of Nev	v Registere	d Agent		
33.7 E. FORSYTH STREET  JPCKSONVILLE FL 322)2  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Stations 607.050; and 607.1508, Florida Statists, the above-named corporation subm is this statement for the purpose of changing its egistered agent, or bit th, in the State of Florida, Such change was authorized by the corporation's board of firectors. I hereby accept the ap information are islated agent, and infamiliar with group agent, and infamil				8	1 Name						
37 F. FORST IN STREET JACKSONVILLE FL 322)2  83  84 City  FL 85 Zip Code  11. Pursuint to the provisions of Suctions 607 0502, and 607 1508, Florida Statutes, the above-named corporation subm is this statement for the purpose of changing its egistered agent. I am familiar with equipose of protein in an objective of proteins and series its effect of proteins. The purpose of changing its egistered agent. I am familiar with equipose of proteins in an objective of proteins. The purpose of changing its egistered agent. I am familiar with equipose of proteins in an objective of proteins. The purpose of changing its egistered agent. I am familiar with equipose of proteins in a registered agent. I am familiar with equipos					2 Street A	dress (P.O. Bo	Number is Not Acce	ptable)			
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11. Pursuant to the provisions of Sactions 607.050; and 607.1508, Florida Statutes, the above-named orgonation subm is this statement for the purpose of changing its egistered office or registered agent, or bit this in the provisions of Saction 607.050s. Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  12. OFFICERS AN DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. CITY-51-2P  15. TITLE  16. Change Addition  Add	JACi	KSONVILLE FL 32202		8:	3					ı	
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SIGNATURE	office or r	registered agent, or both, in the State	e of Florida, Such change was at etions of Section 607,0505, Fior	uthorized b ida Statute	y the corpor	ration's board of	irectors, i nereby act	epithe ap n	officment as reç	islered	
12.			TD		3-5-E	- TO	A COR		1-1	17	
TITLE	SIGNATURE		e and title if applicable. (NO E	Régistered Ag	ent signature rei	duired when leinstating	<del>zotecci i z</del>	DATE		<u> </u>	
MAME   JAMES D. GRIFFIN, JR   12 NAME   13 STREET ADDRESS   13 STREET ADDRESS   13 STREET ADDRESS   14 CITY-ST-ZIP   14 CITY-ST-ZIP   14 CITY-ST-ZIP   14 CITY-ST-ZIP   14 CITY-ST-ZIP   14 CITY-ST-ZIP   15 Change   Addition   15 Change   15 Chan	12.	OFFICERS A	N ) DIRECTORS	13.		ADDIT	ONS/CHANGES TO	OFFICERS 4			
STREET ADDRISS   1000 EDISON AVE.   13 STREET ADDRESS   14 CITY-ST-ZIP	TITLE	D	☐ DELETE	1.1 TITLE					☐ Change	Addition	
Addition   Change   Addition	NAME	JAMES D. GRIFFIN, JR		1.2 NAME	.						
TITLE	STREET ADDRESS	1000 EDISON AVE.		1.3 STRE	ET ADDRESS						
TITLE	CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-	ST-ZIP						
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63 STREET ADDRESS				6.2 NAMI	E						
	STREET ADDRESS			6.3 STRE	ET ADDRESS						

14. I here by certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (3)(i), Florida Statutes. I further pertify that the information indical ed 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 change I or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED FICI R OR DIRECTOR