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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000024357 (2)

DOCUMENT # P95000024357 (2)							
ULTRA	A ASSOCIATES, INC.					A (BRIGRAL AIR IRIN) RAIN ROIN BRIGH BRIGH RAIN)	ARIKA INDIL DIDAK INDI BUKA 1801 1801
F							
Principal Place of	f Business	Mailing Address					
% CORPORATION INFORMATIONS SERVICES INC. 1201 HAYS STREET TALLAHASSEE FL 32301		1201 HAYS STREET	% corporation informations services inc 1201 hays street Tallahassee FL 32301		S INC.		
						3. Date Incorporated or Qualified 3a. C	Date of Last Report
. Principal Place of Business		2a. Mailing Address	a. Mailing Address			4. FEI Number	Applied For
		26	6			<u>54-1752182</u>	Not Applicable
Surte, Apt. #, etc.		Suite, Apt. #, etc.	¬ '		ŀ	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	is a substitute of the second	City & State	«L.»			6. Election Campaign Financing	\$5.00 May Be
3		28	8			Trust Fund Contribution	Added to Fees
	Country	Zip	- 1 · · · · · · · · · · · · · · · · · ·			8. This corporation has liability for intangible tax under s 199.032,	
4	9. Name and Address of Current	29 Registered Agent	[30]	30		Florida Statutes Yes No 10. Name and Address of New Registered Agent	
	g. Hallie and Address of Current	negistered Agent		81 Name		10. Italie and Address of New Neglator	ou Agont
വളവ	RATION INFORMATION SERVIC	ES INC			A al al	(D.O. Boy M. mbor is Not Assentable)	
CORPORATION INFORMATION SERVICES INC. 1201 HAYS STREET			l'	Street a	Address (P.O. Box Number is Not Acceptable)		
	IASSEE FL 32301		83				**************************************
			<u> </u>	B4 City			85 Zip Code
				- /			-L `
 Pursuant to or registered 	the provisions of Sections 607.0502 a Lagerit, or both, in the State of Florida	nd 607.1508, Florida Statuti Such change was authoriz	es, the aboved by the co	e-named co	orporation board or	on submits this statement for the purpose of of directors. I hereby accept the appointment	changing its registered office t as registered agent. Lam
familiar with,	, and accept the obligations of, Section	1 607.0505, Florida Statutes	3.			, , , , , , , , , , , , , , , , , , , ,	
SIGNATURE	mature, typed or printed name of registered agent an	a title of a collection.	TF: Registered A	and sized up a		pen reinstating! OATI	3:
12.	OFFICERS AND		13.	gent signature n	ednied w	ADDITIONS/CHANGES TO OFFICERS A	
TITEF	D DELETE		1. 1 7)!	1.1 THE 3			Change Addition
NAME	DECHOW, GERALD A		1.2 NAME		De	show, Gerald A:	r- 1/0ÿ
STREET ADDRESS	10 S. JEFFERSON STREET,	SUITE 1100	1.3 STF	EET ADDRESS	10 3	s. Jefferson St., S	18, 1100,
CITY-ST-ZIF	ROANOKE VA 24011		1.4 CIT	Y-ST-ZIP	Ro	anoke, VA 24011	
11111		☐ DELETE	2 1 TITLE Q		D/I	PT TELL G. TO	☐ Change 🙀 Addition
NAMt			22 NAME		Κœ	covich, John G., Jr. S. Jefferson St., S	L- 116X
STREET ADDRESS							TE, 1100
CHY-S1-ZIP 101E		DELETE	24 CHY-ST-ZIP KC		LO:	anoke VA 24011	* Change Addition
NAME			3 2 NAME				
STREET ADDRESS				REET ADDRESS			
CHY ST ZP				Y-ST-ZIP			
TITLE	DELETE			4 1 TITLE			Change Addition
NAME			4.2 NA	ME			
STREET ADDRESS			4.3 STF	REET ADDRESS			
CI7 Y - S1 - 7IP				Y-ST-ZIP			
11"1.6		☐ DEFELE	5. 1 7(1				Change Addition
NAME			5.2 NA				
STREET ADDRESS				REET ADDRESS			
CHIV - ST - ZIP DILLE	DELETE			5.4 CITY - ST - ZIP 6.1 TIFLE			Change Addition
NAME		- Decem	6.2 NA				
STREET ADDRESS			1	REET ADDRESS			
CITY - S1 - ZIP	^			Y-S1-ZIP			
14 I do hereby	certify that the information supplied wi	th this filing is voluntarily furr	nished and o	loes not aux	alify for	the exemption stated in Section 119.07(3)(k),	, Florida Statutes. I further
certify that the oath; that I a appears in E	ne information indicated on this annua am an officer or director of the corpora Block 12 or Block 13 if changed, or on	report or supplemental and ation or the receiver or truste an attachment with an add	iuai report is ee empower ress,	true and ac ed to execut	courate te this n	and that my signature shall have the same le eport as required by Chapter 607, Florida St	agai enedi as il made under atutes; and that my name

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

540-982-7878