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FILED  
May 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000059866 (0)

1. Corporation Name  
UPLAND TRUSS COMPANY

Principal Place of Business

2701 FANTASY LN  
VILLA RIDGE MO 63089

Mailing Address

2701 FANTASY LN  
VILLA RIDGE MO 63089-2300



2. Principal Place of Business

21 7951 Fantasy Heights

Suite, Apt. #, etc.

Blvd.

City & State

23 Kissimmee, FL

Zip

24 34747

Country

25 USA

2a. Mailing Address

26 7951 Fantasy Heights

Suite, Apt. #, etc.

Blvd.

City & State

28 Kissimmee, FL

Zip

29 34747

Country

30 USA

9. Name and Address of Current Registered Agent

WOLFE, LARRY  
200-A JOHN KNOX ROAD  
TALLAHASSEE FL 32303-6643

3. Date Incorporated or Qualified

08/02/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

43-1723211

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

81 Name  
TOBY W. MILLER

82 Street Address (P.O. Box Number is Not Acceptable)  
7951 FANTASY HEIGHTS BLVD.

83

84 City  
KISSIMMEE,

FL

85 Zip Code  
34747

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

*Sandra B. Morfitt* Signature, typed or printed name of registered agent and fee if applicable

*Toby W. Miller, Treasurer* (NOTE: Registered Agent signature required when reinstating)

3/6/97 DATE

12. OFFICERS AND DIRECTORS

TITLE D UNNERSTALL, JEFF ☐ DELETE  
NAME  
STREET ADDRESS 2701 FANTASY LN  
CITY-ST-ZIP VILLA RIDGE MO 63089

TITLE D UNNERSTALL, CHRIS ☐ DELETE  
NAME  
STREET ADDRESS #8 VIENTO  
CITY-ST-ZIP WASHINGTON MO 63090

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PC ☒ Change ☐ Addition  
12 NAME Unnerstall, Jeffrey C.  
13 STREET ADDRESS 7807 Mertyle Oak  
14 CITY-ST-ZIP Kissimmee, FL 34747

21 TITLE VD ☒ Change ☐ Addition  
22 NAME Unnerstall, Chris J.  
23 STREET ADDRESS 2807 Drifting Lilly Loop  
24 CITY-ST-ZIP Kissimmee, FL 34747

31 TITLE TSD ☐ Change ☒ Addition  
32 NAME Toby W. Miller  
33 STREET ADDRESS 301 Glenwood Blvd.  
34 CITY-ST-ZIP Davenport, FL 33837

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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 *Sandra B. Morfitt* 3/6/97 402290 91124

CR2E034 (9/96)