

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90046 028 ***150.00

DOCUMENT # P95000059866

1. Corporation Name

UPLAND TRUSS COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~7051 FANTASY HEIGHTS BLVD~~
~~KISSIMMEE FL 34747~~
~~US~~

~~7051 FANTASY HEIGHTS BLVD~~
~~KISSIMMEE FL 34747~~
~~US~~

2. Principal Place of Business

2a. Mailing Address

21 5098 Neptune Rd.
Suite, Apt. #, etc.

26 5098 Neptune Rd.
Suite, Apt. #, etc.

22 City & State

27 City & State

23 St. Cloud, FL
Zip Country

28 St. Cloud, FL
Zip Country

24 34769 25 USA

29 34769 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MILLER, TOBY W~~
~~7051 FANTASY HEIGHTS BLVD~~
~~KISSIMMEE FL 34747~~

81 Name Jeffrey P. Milhausen
82 Street Address (P.O. Box Number is Not Acceptable) 610 Swann, Hadley P.A.
83 1031 W. Morse Blvd., Suite 270
84 City Winter Park FL 85 Zip Code 32789

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

4.22.99

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PC
NAME UNNERSTALL, JEFFREY C
STREET ADDRESS 7807 MERTYLE OAK
CITY-ST-ZIP KISSIMMEE FL

1.1 TITLE PC
1.2 NAME UNNERSTALL, JEFFREY C
1.3 STREET ADDRESS 9506 Kingsbury Ct.
1.4 CITY-ST-ZIP Windermere, FL 34786

TITLE VD
NAME UNNERSTALL, CHRIS J
STREET ADDRESS 2807 DRIFTING LILLY LOOP
CITY-ST-ZIP KISSIMMEE FL

2.1 TITLE VDT
2.2 NAME UNNERSTALL, CHRIS J
2.3 STREET ADDRESS 8657 Tara Oaks Ct.
2.4 CITY-ST-ZIP Orlando, FL 32836

TITLE TSD
NAME MILLER, TOBY W
STREET ADDRESS 301 GLENWOOD BLVD
CITY-ST-ZIP DAVENPORT FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99

407-390-9434

Date

Daytime Phone #

CR2E034 (1/1/98)