

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **P96000027534 (2)**

1. Corporation Name  
**ULTIMATE SURFACES UNLIMITED, INC.**

Principal Place of Business

**527 GROVE PARK BOULEVARD  
JACKSONVILLE FL 32216**

Mailing Address

**527 GROVE PARK BOULEVARD  
JACKSONVILLE FL 32216**

98 AUG 31 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/25/1996**

4. FEI Number

**59-3373262**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 **3167 St. Johns Bluff Rd.**

Suite, Apt. #, etc.

22 **Suite 202**

City & State

23 **Jacksonville, FL**

Zip

24 **32246**

Country

25 **USA**

2a. Mailing Address

26 **2955 Hartley Rd.**

Suite, Apt. #, etc.

27 **Suite 204**

City & State

28 **Jacksonville, FL**

Zip

29 **32257**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**PRITCHARD, KEVIN D  
527 GROVE PARK BOULEVARD  
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent

81 Name **Anthony Price**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3167 St. Johns Bluff Rd. S.**  
83 **Suite 202**  
84 City **Jacksonville** **FL** 85 Zip Code **32246**

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

*Anthony Price*

(NOTE: Registered Agent signature required when reinstating)

**8/1/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PRITCHARD, KEVIN D</b>	
STREET ADDRESS	<b>527 GROVE PARK BOULEVARD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>PRICE, ANTHONY D</b>	
STREET ADDRESS	<b>527 GROVE PARK BOULEVARD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>D, P</b>
2.3 STREET ADDRESS	<b>Anthony D. Price</b>
2.4 CITY-ST-ZIP	<b>3167 St. Johns Bluff Rd. S</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>D</b>
3.3 STREET ADDRESS	<b>Philip Kent</b>
3.4 CITY-ST-ZIP	<b>3167 St. Johns Bluff Rd. S.</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

*Anthony Price*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8/1/98**

CR2E034 (5/98)

2072

## Ultimate Surfaces

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Tony Price

3167 St. Johns Bluff Rd. S.  
2955 Hartley Rd. # 204, Jax, 32257  
Jacksonville, Fl. 32246

August 1, 1998

Division of corporations  
Tallahassee, Fl. 32302

Re: Corporation renewal 1998

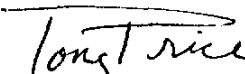
Gentlemen:

I received the renewal for my corporation and have found that it was never processed. We had a change in the corporation owners, directors and stockholders of the corporation effective January 1, 1998 and it was my understanding that the Attorney that drew up the paperwork for us took care of all the details, but evidently not.

I am asking that the additional fee be waived, since this was beyond my control. I am enclosing an up to date record of my corporation along with the fee of \$ 150.00 as well as a copy of the signed changes for the corporation effective 1-1-98.

I thank you in advance for this help and assure you it will not happen again.

Sincerely,

  
Anthony "Tony" Price  
President

AP/kh

Enclosings