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Apr 28, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000058921

1. Corporation Name
ULTIMATE DECKING, INC.



Principal Place of Business
11638 ROYAL TEE CIR
CAPE CORAL FL 33991

Mailing Address
%ROBERT D ROYSTON, JR
PO DRAWER 60205
FT MYERS FL 33906

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/01/1998

4. FEI Number
65-0847599

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 the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 11800 LACY LN # 103
Suite, Apt. #, etc.

22 FT MYERS

23 FT MYERS, FL 33912
City & State

24 Zip Country

2a. Mailing Address

26 11638 ROYAL TEE CIR
Suite, Apt. #, etc.

27

28 CAPE CORAL, FL 33991
City & State

29 Zip Country

9. Name and Address of Current Registered Agent

ROYSTON, ROBERT D JR
12670 N BRITTANY BLVD
SUITE 101
FT MYERS FL 33907

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 (NOT Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME ZORNES, TERRY
STREET ADDRESS 11638 ROYAL TEE CIR
CITY-STATE-ZIP CAPE CORAL FL 33991

1.1 TITLE F ☐ Change ☒ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE D ☐ DELETE

NAME WELBORN, JAMES BRADLEY II
STREET ADDRESS 1735 BRANTLEY RD, NO 1516
CITY-STATE-ZIP FT MYERS FL 33907

2.1 TITLE V-P, S, T ☐ Change ☒ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 a power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PROG TERRY ZORNES

3-6-99

Date

941-275-6492

Daytime Phone #

CR2E034 (1/98)