FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:31

DOCUMENT # 729957 (1)

1. Corporation Name

UNDERGROUND CONTRACTORS ASSOCIATION OF SOUTH FLO RIDA, INC.

Principal Place of Business	Mailing Address
3300 UNIVERSITY DR. STE ~~615~~ ~~P.O. BOX 8502~~ CORAL SPRINGS FL 33065	3300 UNIVERSITY DR. STE ~~615~~ ~~P.O. BOX 8502~~ CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1974
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1538360 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc. #403	27 Suite, Apt. #, etc. #403
23 City & State	28 City & State "
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HENDRICK, CHERYL
3300 UNIVERSITY DR., SUITE ~~615~~
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) #403
83
84 City FL 85 Zip Code

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]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	~~GREEN, GARY~~	1.2 NAME	TOM MOLLOY
STREET ADDRESS	~~604 HILLBRATH DR.~~	1.3 STREET ADDRESS	800 NW 27th AVE.
CITY-ST-ZIP	~~LANTANA FL~~	1.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33065
TITLE	~~VP~~	2.1 TITLE	VICE PRESIDENT ☐ Change ☒ Addition
NAME	~~MOLLOY, TOM~~	2.2 NAME	DeRigo, John
STREET ADDRESS	~~800 N.W. 27TH AVE.~~	2.3 STREET ADDRESS	8845 S.E. ROBWYN COURT
CITY-ST-ZIP	~~FT. LAUDERDALE FL~~	2.4 CITY-ST-ZIP	HOBE SOUND, FL 33475
TITLE	P	3.1 TITLE	D PAST PRESIDENT ☒ Change ☐ Addition
NAME	SHORTZ, LARRY	3.2 NAME	SHORTZ, LARRY
STREET ADDRESS	1300 N.E. 48TH ST.	3.3 STREET ADDRESS	1300 NE 48th ST.
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	DP	4.1 TITLE	D VENUTI, JOHN ☐ Change ☐ Addition
NAME	VENUTI, JOHN	4.2 NAME	179 JOG ROAD
STREET ADDRESS	179 JOG ROAD	4.3 STREET ADDRESS	WEST PALM BEACH 33413
CITY-ST-ZIP	W. PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D MADSEN, BOB ☐ Change ☐ Addition
NAME	MADSEN, BOB	5.2 NAME	1117 NW 55th CT.
STREET ADDRESS	1117 NW 55TH CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	S	6.1 TITLE	HOOVER, W.A. ☐ Change ☐ Addition
NAME	HOOVER, W. A.	6.2 NAME	2200 W. SUNRISE BLVD
STREET ADDRESS	2200 W. SUNRISE BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	6.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33311

REMITTED [illegible] MAY

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
TOM MOLLOY, PRESIDENT (305) 792-9380

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