FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA DEPAR' Sandra B Secretary DIVISION OF C	Mortham of State		
DOCUMENT # 729957 1. Corporation Name UNDERGROUND CONTRACTORS // RIDA, INC.	` '	UTH FLO		
Principal Place of Business 3300 UNIVERSITY DR. 975-645 STE 403				
2. Principal Place of Business 21 3300 40/VERSITY OR	CORAL SPRINGS FL 330 US 2a. Mailing Address 26 3300 4711 V		DP.	3. Date Incorporated or Qualified 06/17/1974 4. FEI Number 59-1538360
Suite. Apt. #, etc. 22 #403 City & State 23 / DRAL SPRING	Suite, Apt. #, etc. 27 # 4703 City & State 28 CORHL SI	,		Certificate of Status Desired G. Election Campaign Financing Trust Fund Contribution
24 33065 25 BROWNED 9. Name and Address of Current	Zip 33005		Name	This corporation has liability fo Florida Statutes Name and Address of New
HENDRICK, CHERYL 3300 UNIVERSITY DR., S UITE-61 5 STE 403	Street Addre	ess (P.O. Box Number is Not Accepta <i>UNIVERSITY DR</i>		
CORAL SPRINGS FL 33065 11. Pursuant to the provisions of Sections 617.0502 or registered agent, arboth, in the State of Florid familiar with, and accept the obligations of Section	and 617, 1508, Florida Statutes a. Such change was authorizes on 617, 0503, Florida Statutes	84 s, the above-r	City named corpora oration's board	ation submits this statement for the p d of directors. I hereby accept the ac
SIGNATURE Signature, typico or good name of registered agent a 12. OFFICERS AND	nd title if applicable (NOTI DIRECTORS	Registered Ager	nt signature required	when reinstating) ADDITIONS/CHANGES TO OF
TITLE	DELETE	11 TITLE	\mathcal{P}	DERIGO, John



3a. Date of Last Report

05/01/1995

Applied For

7 3300	401VERSITY OR	26 3300 4NIVE	CRITTY	DR.	59-1538360	Not Applicable			
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional			
22 7	403	27 H408	7 		S. Certificate of Otatus Desired	Fee Required			
City & State		City & State	ردار من		6. Election Campaign Financing	\$5.00 May Be			
	RAL SPRING	28 CORAL SI			Trust Fund Contribution	Added to Fees			
Zip 230/	Country 25 BOWARD	29 33065	30 BR	DUARD	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
			81	Name		·			
HENDRY	CK CHERYI		82	Street Addre	ess (P.O. Box Number is Not Acceptab	sie) //40			
HENDRICK, CHERYL 3300 UNIVERSITY DR., SUITE 01 5 STE 403				3300 UNIVERSITY OR SUITE 403					
			83						
	SPRINGS FL 33065		84	City		85 Zip Code			
						FL []			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, appoint, 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									
or registere familiar with	ed agent, eroboth, in the State of Florida h, and accept the obligations of Section	n 617,0503, Florida Statutes.	_ = = , a ic corp			J			
SIGNATURE	CALAGE SECTION	(rick	- <u>-</u>			(SAZE			
	Signature, typico or polled name of registered agent an OFFICERS AND		E Registered Ager	nt signature required	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12			
12.	PT OFFICERS AND	DIRECTORS	11 TITLE	n	T-4	Change Addition			
NAME	MOLLOY, TOM	P. June	1.2 NAME	P	DERIGO, John 8845 SE ROBUMA	107			
STREET ADDRESS	800 NW 22ND AVE			1 ADDRESS	8845 SE KOBWAN	, _ ,			
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY - S	ST-7IP	MARS SOUND. 1	<i>C</i> (
TITLE	VP	DELETE	2 1 TITLE	<u>n</u> ,	MOLLOY, TOM 800 NW 22 MM DUE	Change Addition			
NAME	DERIGO, JOHN	,	2.2 NAME		YOU NIW BAUS DUE				
STREET ADDRESS	8845 SE ROBWYN CT		2.3 STREE	T ADDRESS					
CITY-ST-ZIP	HOBE SOUND FL		2 4 CITY-	ST-ZIP	FT. LHYDGROALE				
TITLE	DPP	DELETE	31 TITLE	7	PT. LHYDGROALE HUNSICKER, 1 63 N. DIXIE HIEH	Change Addition			
NAME	SHORTZ, LARRY		3 2 NAME		HUNSICKER	IN I III			
STREET ADDRESS	1300 NE 48TH ST		3.3 STREE	TADDRESS 8	63 N. VIXIE HIEH	ruz Odd r			
CITY-ST-ZIP	POMPANO BEACH FL		3.4 CITY-	SI-ZIP 4	HATTANA, FL 3.	196			
TITLE	DP	DELETE	4.1 TITLE			Change Addition			
NAME	VENUTI, JOHN		4 2 NAME						
STREET ADDRESS	179 JOG ROAD		L	1 ADDRESS					
CITY - ST - ZIP	W. PALM BEACH FL	Doctor	44 CITY -			Change Addition			
TITLE	D	DELETE	5 1 TITLE			C Augusta C votation			
NAME	MADSEN, BOB		5.2 NAME						
STREET ADDRESS	1117 NW 55TH CT.			ET ADORESS					
CITY-ST-ZIP	FT. LAUDERDALE FL	DELETE	5.4 CITY - 6.1 TITLE			☐ Change ☐ Addition			
TITLE	T WOOMED W. A	- JULICIL	6.1 HILE 6.2 NAME			<u> </u>			
NAME	HOOVER, W. A.			ET ADDRESS					
STREET ADDRESS	2200 W. SUNRISE BLVD.		64 CITY						
CITY-ST-ZIP	FT. LAUDERDALE FL by certify that the information supplied w	ith this filing is voluntarily furni	shed and do	es not qualify for	or the exemption stated in Section 119	9.07(3)(k), Florida Statutes. I further			

rido nereby certify that the information supplied with this ning is voluntarily turnished and does not qualify for the exemption stated in Section 118.0/(3)(R). Florida Statutes: 110/ther certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as finade 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: