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PROFIT **.CORPORATION ANNUAL REPORT** 1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 335291

(1)

UNDERILL REALTY, INC.

FILED May 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 490 N. HARBOR CITY BLVD. 490 N. HARBOR CITY BLVD. MELBOURNE FL 32935-6858 MELBOURNE FL 32935-6858 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/20/1968 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable 59-1219504 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zιρ 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ Yes ☐ No 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 UNDERILL, H J W 490 N. HARBOR CITY BLVD. Street Address (P.O. Box Number is Not Acceptable) 82 **MELBOURNE FL 32935-6858** 83 84 City 85 Zip Code 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 of 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 this if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE DΡ TITLE 1171716 Change Addition UNDERILL, H J. III 1.2 NAME 490 N. HARBOR CITY BLVD. STREET ADORESS 1.3 STREET ADDRESS **MELBOURNE FL 32935-6858** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY - ST-7IP CITY-ST-ZIP TITLE DELETE 41TILE Change Change Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST- ZIP DELETE Change Addition TITLE 51 TITLE NAME 52 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 C TY - ST - ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY - ST - ZIP

6.4 C: TY - ST - ZIP 14. Thereby 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 arrival 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 attackment with an address.

SIGNATURE:

SIGNATURE AND TYPED O

429/98 407-2422224 Object Private O11437

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