
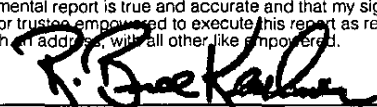


2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90291 048 \*\*\*\*61.25

<b>DOCUMENT # 752251</b> 1. Entity Name <b>UNDERGROUND UTILITY CONTRACTORS OF FLORIDA, INC.</b>					
Principal Place of Business <b>231 WEST BAY AVENUE LONGWOOD, FL 32750-4125</b>			Mailing Address <b>231 WEST BAY AVENUE LONGWOOD, FL 32750-4125</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2715613</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>KERSHNER, R. BRUCE 158 HERON BAY CIRCLE LAKE MARY, FL 32746-0422</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	EVP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KERSHNER, BRUCE		NAME		
STREET ADDRESS	158 HERON BAY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JOHNSON, S		NAME	Cook, Joe	
STREET ADDRESS	604 HILLBRATH DR		STREET ADDRESS	550 East Royce Street	
CITY-ST-ZIP	LANTANA, FL 33462		CITY-ST-ZIP	Pensacola, FL 32503	
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOODALL, M		NAME		
STREET ADDRESS	745 HARRISON AVE		STREET ADDRESS		
CITY-ST-ZIP	JX, FL 32220		CITY-ST-ZIP		
TITLE	PE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHMITT, RYAN		NAME		
STREET ADDRESS	3225 ANNISTON RD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP		
TITLE	IPP <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YODER, C		NAME		
STREET ADDRESS	13400 PINE ST		STREET ADDRESS	604 Hillbrath Drive	
CITY-ST-ZIP	LARGO, FL 34644		CITY-ST-ZIP	Lantana, FL 33462	
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OPFER, TOM		NAME		
STREET ADDRESS	2041 RED ROBIN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 321246521		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			4/19/05      407/830-1880		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>R. Bruce Kershner</b>					

20042303



01032005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2715613

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KERSHNER, R. BRUCE  
158 HERON BAY CIRCLE  
LAKE MARY, FL 32746-0422

Name

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

City

FL

Zip Code

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(NOTE: Registered Agent signature required when reinstating)

DATE

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Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVP  
KERSHNER, BRUCE  
158 HERON BAY CIRCLE  
LAKE MARY, FL 32746 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JOHNSON, S  
604 HILLBRATH DR  
LANTANA, FL 33462 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
WOODALL, M  
745 HARRISON AVE  
JX, FL 32220 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PE  
SCHMITT, RYAN  
3225 ANNISTON RD  
JACKSONVILLE, FL 32246 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
IPP  
YODER, C  
13400 PINE ST  
LARGO, FL 34644 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
OPFER, TOM  
2041 RED ROBIN DRIVE  
DAYTONA BEACH, FL 321246521 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Cook, Joe  
550 East Royce Street  
Pensacola, FL 32503 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
604 Hillbrath Drive  
Lantana, FL 33462

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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SIGNATURE:

4/19/05

407/830-1880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR R. Bruce Kershner

Daytime Phone #