SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL -7 AM 8:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F94000004330 (6)**

1. Corporation Name

HYPERCUBIC TUNNELING TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
2770 INDIAN RIVER BLVD., #327 VERO BEACH FL 32960	2770 INDIAN RIVER BLVD., #327 VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/22/1994
3a. Date of Last Report:

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

4. FEI Number: 75-2474467 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

APRILE, LOUIS J SR.
2770 INDIAN RIVER BLVD., #327
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

01 Name: APRILE, Louis J. SR.
02 Street Address (P.O. Box Number is Not Acceptable): 1029 ORCHID OAK DRIVE
03
04 City: VERO BEACH, 05 FL Zip Code: 32963

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPS	1.1 TITLE	CPS	☒ Change ☐ Addition
NAME	APRILE, LOUIS J SR.	1.2 NAME	APRILE, Louis J. SR.	
STREET ADDRESS	2770 INDIAN RIVER BLVD., #327	1.3 STREET ADDRESS	1029 ORCHID OAK DRIVE	
CITY-ST-ZIP	VERO BEACH FL 32960	1.4 CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	APRILE, LOUIS J JR.	2.2 NAME	APRILE, Louis J. JR.	
STREET ADDRESS	37 TOMPKIN ST.	2.3 STREET ADDRESS	535 31 ST AVE	
CITY-ST-ZIP	EAST NORTHPORT NY 11731	2.4 CITY-ST-ZIP	VERO BEACH, FL	
TITLE	DVT	3.1 TITLE		☐ Change ☐ Addition
NAME	APRILE, ROBERT L	3.2 NAME		
STREET ADDRESS	1125 KENSINGTON DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	DESOTO TX 75115	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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.

SIGNATURE: Louis J Aprile Sr. Louis J Aprile Sr. 6/28/95 407-569-7088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0137750 FP