

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G21333** (1)

1. Corporation Name

EAST COAST UNDERGROUND, INC.



Principal Place of Business

Mailing Address

**1862 SILVER FERN DR
DAYTONA BCH FL 32124
US**

**1862 SILVER FERN DR
DAYTONA BCH FL 32124
US**

2. Principal Place of Business

2a. Mailing Address

21 **2041 Red Robin Dr.**

26 **2041 Red Robin Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

City & State

23 **Daytona Beach, FL**

28 **Daytona Beach, FL**

Zip 32124

Country

Zip

Country

24 **Volusia**

29 **32124** 30 **Volusia**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/01/1983

3a. Date of Last Report

02/17/1995

4. FEI Number

59-2276792

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

**OPFER, THOMAS M., JR.
1862 SILVER FERN DR
DAYTONA BCH FL 32124**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 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 **DP** ☐ DELETE

NAME **OPFER, THOMAS M JR**
STREET ADDRESS **1862 SILVER FERN DR**
CITY-ST-ZIP **DAYTONA BCH FL**

TITLE **VP** ☐ DELETE

NAME **OPFER, DELORES A.**
STREET ADDRESS **1862 SILVER FERN DR**
CITY-ST-ZIP **DAYTONA BCH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

**2041 Red Robin Dr.
Daytona Beach, FL 32124**

☒ Change ☐ Addition

**2041 Red Robin Dr.
Daytona Beach, FL 32124**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Delores A. Opfer* Delores A. Opfer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96

904-767-8866

Date

Daytime Phone #

CR2E034 (12/95)