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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT #

H43070

(2)

THE	underill group, inc.								
Principal Place of Business Mailing Ackiress						I HONDIN BINK BIRBE TINK BERKI BERK BERK BERK BIRK BIRK BIRK BIRK BIRK BIRK BIRK BI			
490 N. HARBOR CITY BLVD. P. O. BOX 1796 MELBOURNE FL 32935 US		490 N. HARBOR CITY BLVD. P. O. BOX 1796 MELBOURNE FL 32935 US							
					 Date Incorporated or Qualified 02/18/1985 	3a. Date of L 05/0	ast Report)1/1995		
2. Principal Pla 21	nce of Business	2a. Mailing Address 26	helia		4, FET Number 59-2506179		Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	_ \$	8.75 Additional Fee Required		
City & State)	City & State			Election Campaign Financing Trust Fund Contribution		55.00 May Be Added to Fees		
Zip 24	Country 25	Zip Country 29 30				This corporation has liability for intangible tax under s=199.032, Florida Statutes			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
ļ				81 Name					
UNDERILL, H. J. III 490 N HARBOR CITY BLVD			8	2 Street Address (P.O. Box Number is Not Acceptable)					
			<u> </u>	_					
MELBOURNE FL 32902				83					
			8	4	Dity		FL B	Zip Code	
or registere	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo h, and accept the obligations of, Se	rida. Such change was authori	ized by the cor	pora pora	ried corpor ition's boai	ation submits this statement for the pured of directors. Thereby accept the appearance of the statement of t	pose of changin pintment as regis	g its registered office stered agent. Fam	
SIGNATURE	Signature, typed or proted name of regelered age	entra of New Way governation of	vidt Bogstore i Åg	profise	jn store rog mo	d when her starings	(Alt		
12.	OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	DELETE	1.11111	1 1 TITLE			Ct	lange 🔲 Addition	
NAME			1.2 NAMi	1.2 NAME					
STREET ADDRESS	MEL DOLLDING CI			1.3 STREET ADDRESS 1.4 City - St - ?IF					
CITY-ST-ZIP									

2 1 11111.6

2.2 NAME

3 1 TITLE

3.2 NAME

4-1-TITLE

4.2 NAME

5 1 11LE

5.2 NAME

6 1 TITLE

6.2 NAME

2.3 STREET ACORESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CHY - ST - ZIF

4.4.0 (1Y - ST ZIF

3.4 CHY - ST - ZIF

2 4 CITY - S1 - ZIF

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4). 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 houriges, or on an attachment unit an address. ent with an address.

SIGNATURE:

TITLE

NAME

T:TLE

NAME

TITLE

NAME

TITLE NAME

THILE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

011Y-S1-ZP

DITY-ST-ZIP

CITY-ST-ZIP

PED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

DELETE

DELETE

DELETE

DELETE

DELETE

407-141-2229

CR2E034 (12/95)

☐ Change ☐ Addition

Change Addition

Add:tion

Addition

Addition

Change

☐ Change

Change