

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 14 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K28631** (5)

1. Corporation Name  
**JENSEN UNDERGROUND UTILITIES, INC.**



Principal Place of Business <b>1900-C ELSA ST</b> <b>SUITE 1</b> <b>NAPLES FL 33942 34109</b> <b>US</b>	Mailing Address <b>1900-C ELSA STREET</b> <b>SUITE #1</b> <b>NAPLES FL 34109-8217</b> <b>US</b>
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3. Date Incorporated or Qualified <b>07/14/1988</b>	3a. Date of Last Report <b>04/23/1996</b>
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2. Principal Place of Business <b>21 5585 Taylor Road</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 5585 Taylor Road</b> Suite, Apt. #, etc.
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4. FEI Number <b>65-0068816</b>	Applied For <input type="checkbox"/> Not Applicable
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22 City & State <b>23 Naples, Florida</b>	27 City & State <b>28 Naples, Florida</b>
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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23 Zip <b>34109</b>	25 Country	28 Zip <b>34109</b>	30 Country
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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9. Name and Address of Current Registered Agent

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**J CRAIG MYRICK, ESQ**  
**NORTHERN TRUST BANK BUILDING #225**  
**4001 TAMiami TRAIL NORTH**  
**NAPLES FL 33942**

10. Name and Address of New Registered Agent
81 Name <b>KEVIN JENSEN</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>561 17th ST N.W.</b>
83
84 City <b>NAPLES</b>
85 Zip Code <b>FL 34109</b>

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE  
**4/7/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>JENSEN, KEVIN ERIC</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JENSEN, KEVIN ERIC</b>		1.2 NAME	
STREET ADDRESS <b>561 17TH ST. N.W.</b>		1.3 STREET ADDRESS	
CITY - ST - ZIP <b>NAPLES FL</b>		1.4 CITY - ST - ZIP	
TITLE <b>DVP</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>JENSEN, WILLIAM E.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JENSEN, WILLIAM E.</b>		2.2 NAME	
STREET ADDRESS <b>4241 THIRD AVE. N.W.</b>		2.3 STREET ADDRESS	
CITY - ST - ZIP <b>NAPLES FL</b>		2.4 CITY - ST - ZIP	
TITLE <b>STD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>JENSEN, KELLEY BLYTHE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JENSEN, KELLEY BLYTHE</b>		3.2 NAME	
STREET ADDRESS <b>561 17TH ST. N.W.</b>		3.3 STREET ADDRESS	
CITY - ST - ZIP <b>NAPLES FL</b>		3.4 CITY - ST - ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>JENSEN, NANCY A.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JENSEN, NANCY A.</b>		4.2 NAME	
STREET ADDRESS <b>4241 THIRD AVE. N.W.</b>		4.3 STREET ADDRESS <b>4241 Third Avenue NW</b>	
CITY - ST - ZIP <b>NAPLES FL</b>		4.4 CITY - ST - ZIP <b>Naples, Florida</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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:

*[Signature]* **KEVIN JENSEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
**4/7/97**

DAYTIME PHONE #  
**(941) 597-0060**

0413913

CR2E034 (9/96)