


FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K28631 (5)

1. Corporation Name

JENSEN UNDERGROUND UTILITIES, INC.

Principal Place of Business

5585 TAYLOR ROAD
NAPLES FL 34109
US

Mailing Address

5585 TAYLOR ROAD
NAPLES FL 34109
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

25 Zip Country

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent

JENSEN, KEVIN
561 17TH STREET NW
NAPLES FL 34109

81 Name

82 Street Address

83

84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is authorized to change its office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, and 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)

12. OFFICERS AND DIRECTORS

13.

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/14/1988			
4. FEI Number 65-0068816	<table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For			
Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75	Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. Name and Address of New Registered Agent			

9. Name and Address of Current Registered Agent

JENSEN, KEVIN
561 17TH STREET NW
NAPLES FL 34109

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 607.1508, 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, typed or printed name of registrant, 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	PD	1.1 TITLE	
NAME	JENSEN, KEVIN ERIC	1.2 NAME	
STREET ADDRESS	561 17TH ST. N.W.	1.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	
NAME	JENSEN, KELLEY BLYTHE	2.2 NAME	
STREET ADDRESS	561 17TH ST. N.W.	2.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	2.4 CITY - ST - ZIP	
TITLE	DVP	3.1 TITLE	
NAME	JENSEN, NANCY A.	3.2 NAME	
STREET ADDRESS	4241 THIRD AVE, N.W.	3.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 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 any attachment with an address.

SIGNATURE: K. J. KELLEY JR. 4/29/98 041597M