

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014138

FILED  
Sep 21, 2012  
Secretary of State

**Entity Name:** FLORIDA UNDERGROUND SERVICES, L.L.C.

**Current Principal Place of Business:**

DITCH WITCH OF CENTRAL & SOUTH FL  
31643 EXECUTIVE BLVD  
LEESBURG, FL 34748

**New Principal Place of Business:**

FLORIDA UNDERGROUND SERVICES, LLC  
31643 EXECUTIVE BLVD  
LEESBURG, FL 34748

**Current Mailing Address:**

DITCH WITCH OF CENTRAL & SOUTH FL  
31643 EXECUTIVE BLVD  
LEESBURG, FL 34748

**New Mailing Address:**

FLORIDA UNDERGROUND SERVICES, LLC  
1959 WEST FIR ST.  
PERRY, OK 73077

**FEI Number:** 59-3740968

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, DARRYL H  
31643 EXECUTIVE BLVD  
LEESBURG, FL 34748 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: THE CHARLES MACHINE WORKS, INC.  
Address: P.O. BOX 66  
City-St-Zip: PERRY, OK 73077

Title: PRES  
Name: JOHNSON, RICHARD D PRES  
Address: 506 WAKEFIELD RD  
City-St-Zip: PERRY, OK 73077

Title: VP  
Name: BROWN, DARRYL H VP  
Address: 2109 ASHLEY PLACE  
City-St-Zip: PONCA CITY, OK 74604

Title: SEC  
Name: DRAKE, ANGIE SEC  
Address: 1959 W. FIR ST.  
City-St-Zip: PERRY, OK 73077

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RICHARD D. JOHNSON

PRES

09/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date