

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N41959**

(0)

1. Corporation Name

THE UNDERGROUNDERS INC.



Principal Place of Business
ATTN: MCCOOL, CHARLES
3050 S ATLANTIC AVE
DAYTONA BEACH SHORES FL 32118
US

Mailing Address
ATTN: MCCOOL, CHARLES
3050 S ATLANTIC AVE
DAYTONA BEACH SHORES FL 32118
US

3. Date Incorporated or Qualified
02/05/1991

3a. Date of Last Report
03/15/1995

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASEY, JOHN
4303 PINE ISLAND RD
MATLACHA FL 33909-0681

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DANNECKER, ARTHUR JR.	
STREET ADDRESS	3959 S. ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BCH SHRS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MANEY, C. THOMAS	
STREET ADDRESS	107 MIRACLE STRIP PKWY	
CITY-ST-ZIP	FT. WALTON BCH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GILBERG, BARBARA	
STREET ADDRESS	7047 SUNSET DR. S.	
CITY-ST-ZIP	S. PASADENA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RADCLIFFE, HAROLD	
STREET ADDRESS	190 173RD AVENUE	
CITY-ST-ZIP	NORTH REDINGTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUNDANO, CONNIE	
STREET ADDRESS	901 PONCE DE LEON BLVD.	
CITY-ST-ZIP	BELLEAIR FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCCOOL, CHARLES	
STREET ADDRESS	3050 S ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*****70.00**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96

(904) 322-5004

Date

Daytime Phone #

CR2E037 (12/95)