FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 10:04

DOCUMENT # P28847 (2)

1. Corporation Name
IACOBELLI UNDERGROUND CONTRACTING CORPORATION

Principal Place of Business	Mailing Address
1671 JENNY LANE ROCHESTER HILLS MI 48309	P.O. BOX 81486 ROCHESTER MI 48308-1486

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/11/1990
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business	2a. Mailing Address
21 10400 GRIFFIN ROAD	26 10400 GRIFFIN ROAD
Suite, Apt. #, etc. 22 SUITE 109	Suite, Apt. #, etc. 27 SUITE 109
City & State 23 COOPER CITY, FL	City & State 28 COOPER CITY, FL.
Zip / Country 24 33328 / 25 BROWARD	Zip / Country 29 33328 / 30 BROWARD

4. FEI Number: 38-2701494 ☐ Applied For ☐ 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
IACOBELLI, MARY M. ~~11600 S.W. 21ST COURT~~ ~~DAVIE FL 33325~~ 10400 GRIFFIN ROAD SUITE 109 COOPER CITY, FL. 33328	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	IACOBELLI, MICHAEL F	1.2 NAME	
STREET ADDRESS	~~1671 JENNY LANE~~	1.3 STREET ADDRESS	10400 GRIFFIN ROAD SUITE 109
CITY-ST-ZIP	~~ROCHESTER HILLS MI 48309~~	1.4 CITY-ST-ZIP	COOPER CITY, FL. 33328
TITLE	S	2.1 TITLE	☒ Change ☐ Addition
NAME	IACOBELLI, MARY M	2.2 NAME	
STREET ADDRESS	~~11600 S.W. 21ST COURT~~	2.3 STREET ADDRESS	10400 GRIFFIN ROAD SUITE 109
CITY-ST-ZIP	~~DAVIE FL 33025~~	2.4 CITY-ST-ZIP	COOPER CITY, FL. 33328
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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 added, or an attachment with an address.

SIGNATURE: _____ 4-7-95 (305) 680-2510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MICHAEL F. IACOBELLI

0487188 FP