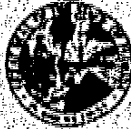


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
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

1071 JENNY LANE
ROCHESTER HILLS MI 48309

Mailing Address

P.O. BOX 81496
ROCHESTER MI 48308-1496

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/11/1990

3a. Date of Last Report

04/21/1994

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

2. Principal Place of Business

21 10400 GRIFFIN ROAD
Suite, Apt. #, etc.

22 SUITE 109

City & State

23 COOPER CITY, FL

Zip

24 33328

Country

25 BROWARD

2a. Mailing Address

26 10400 GRIFFIN ROAD
Suite, Apt. #, etc.

27 SUITE 109

City & State

28 COOPER CITY, FL

Zip

29 33328

Country

30 BROWARD

9. Name and Address of Current Registered Agent

IACOBELLI, MARY M.

~~11600 S.W. 21ST COURT~~

~~DAVE FL 33325~~

10400 GRIFFIN ROAD
SUITE 109

COOPER CITY, FL 33328

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 registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME IACOBELLI, MICHAEL F
STREET ADDRESS ~~1071 JENNY LANE~~
CITY - ST - ZIP ~~ROCHESTER HILLS MI 48309~~

TITLE S
NAME IACOBELLI, MARY M
STREET ADDRESS ~~11600 S.W. 21ST COURT~~
CITY - ST - ZIP ~~DAVE FL 33325~~

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

10400 GRIFFIN ROAD SUITE 109
COOPER CITY, FL 33328

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

10400 GRIFFIN ROAD SUITE 109
COOPER CITY, FL 33328

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

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 110.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL F. IACOBELLI

4-7-95

(305) 680-2510