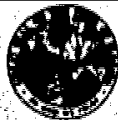


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P33620

(6)

1. Corporation Name

UNDERGROUND SERVICES, INC.

Principal Place of Business

P.O. BOX 39
WEST CHESTER PA 19381-0039

Mailing Address

P.O. BOX 39
WEST CHESTER PA 19381-0039

FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/16/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

23-2479608

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

Suite, Apt. #, etc.

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

City & State

Zip

28

Country

30

9. Name and Address of Current Registered Agent

**COOVER, DAVID
5130 NW 15TH ST.,
SUITE C
MARGATE FL 33063**

10. Name and Address of New Registered Agent

81 Name

James Sweatt

82 Street Address (P.O. Box Number is Not Acceptable)

83

Suite D

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

James Sweatt

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when re-designating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CP

**HILBUSH, EDWARD O. III
1284 CLEARBROOK RD
WEST CHESTER PA**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VCV

**MARCINEK, JOHN P.
48835 QUAIL RUN LANE
INDIAN WELLS CA**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**HILBUSH, EDWARD O., JR.
210 W ASHBRIDGE ST
WEST CHESTER PA**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DST

**BOGLE, HUGH A.
609 GREEN ST
WEST CHESTER PA**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ST

**E. Davis Bogle
609 Green Street
West chester, PA 19380**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

P

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change ☐ Addition

DELITTE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☒ Change ☐ Addition

DELITTE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☒ Change ☐ Addition

D

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☒ Addition

ST

**E. Davis Bogle
609 Green Street
West chester, PA 19380**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

SIGNATURE: Edward O. Hilbush, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

610-696-9220