FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

109 RESERVE CIR., #201 OVIEDO FL 32765-8080

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

109 RESERVE CIR.. #201

OVIEDO FL 32785



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 14 1997 8:00am

Secretary of State

3a. Date of Last Report

407 366 2234

3. Date Incorporated or Qualified

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300001839 (8)

DOWNUNDER CONSTRUCTION, INC.

01/04/1993 04/17/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3163285 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zιρ Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name FOUNTAIN, DENNIS F 815 ORIENTA AVE., #5 Street Address (P.O. Box Number is Not Acceptable) **ALTAMONTE SPRINGS FL 32701-5620** 83 R4 City Zip Code 85 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 alto if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12 OFFICERS AND DIRECTORS DELETE Change Addition TITLE 1.1 TITLE LALICH, MINDI 1.2 NAME NAME 109 RESERVE CIRCLE, #201 STREET ADDRESS 1.3 STREET ADDRESS OVIEDO FL 32765 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 21 TITLE NAME LALICH, ROBERT 2.2 NAME 109 RESERVE CIRCLE, #201 2.3 STREET ADDRESS STREET ADDRESS **OMEDO FL 32765** CITY - ST - ZIP 2 4 CITY-ST-ZIP Addition DELETE Change TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ DELETE 5.1 TITLE Change Addition NAME 5.2 NAME **5.3 STREET ADDRESS** STREET ADORESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change . Addition 6.1 TITLE TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

I formation 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.