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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000001839 (8)

DOWNUNDER CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 24 1998 8:00am Secretary of State



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109 RESERVE CIR., #201 OVIEDO FL 32765		109 RESERVE CIR #20 OVIEDO FL 32765	109 RESERVE CIR #201 OVIEDO FL 32765							
					<u> </u>	DO NOT WRI	TE IN THIS S	PACE		
					3.	Date Incorporated or Qualified	1			
						01/04/1993				
2. Principa	at Place of Business	2a. Mailing Address			4.	FEI Number		A	pplied For	
21		26				59-3163285		<del> </del>	lot Applicable	
	pt. #, etc.	·	Suite, Apt. #, etc.			08-0100500				
22	,	27	27			Certificate of Status Desired			Additional lequired	
City & 9	State	City & State	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Country	Zip	Count	ry		This corporation owes or has p	naid the curr			
24	25	25 29 30			I	Personal Property Tax due Jui	_		X No	
	9. Name and Address of Curr		100			Name and Address of New i			<del>/4</del> · · ·	
			8	1 N	ame			<b>8</b>		
	FOUNTAIN, DENNIS F			1	<b></b>					
815 ORIENTA AVE., #5 ALTAMONTE SPRINGS FL 32701-5620				2 St	treet Address (P	et Address (P.O. Box Number is Not Acceptable)				
	ALIAMUNIE SPAINGS PL 32/UI	•3020	8	3			1=-			
			_							
			8	4 C	ity		FL	B5 Zip	Code	
11. Pursus	ant to the provisions of Sections 607.0	502 and 607.1508, Florida Stalu	ites, the abo	ve-na	med corporation	n submits this statement for the	nurnose of	changing i	its registered	
office :	or registered agent, or both, in the Sta	ate of Florida. Such change was	authorized t	by the	e corporation's b	oard of directors. I hereby acc	ept the appo	intment as	registered	
agent.	I am familiar with, and accept the obl	ilgations of, Section 607.0505, Fi	ionda Statut	us.						
SIGNATUR										
	Signature, typed or printed name of registered			gent sig	gnature required when		DATE	5.555TAT		
12.	OFFICERS A	ND DIRECTORS DELETE	13.		<u>-</u>	ADDITIONS/CHANGES TO OFF	ICERS AND			
TITLE	,	[ ] DEFFIE	1.1 TITLE					Change		
NAME	LALICH, MINDI		1.2 NAME	:						
STREET ADDRE	ss   109 RESERVE CIRCLE, #2	01	1.3 STRE	ET ADDI	ress					
CITY-ST-ZIP	OVIEDO FL 32765		1.4 CITY	- ST <i>- 7</i> 1F	P					
TITUE	8	DELETE	2.1 TITLE					Change	Addition	
NAME	LALICH, ROBERT		2.2 NAME	:	Ì					
	444 05050 5 0501 5 44	∩ <b>4</b>								
STREET ADDRE		וט	2.3 STRE							
CITY-ST-ZIP	OVIEDO FL 32765		2.4 C(TY		P			<b>7</b> a.		
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NAME			3.2 NAME	:						
STREET ADDRES	ss [		3.3 STREE	ET ADDE	ress [				ĺ	
CITY-ST-ZIP			3.4. CITY	- ST - <b>Z</b> ()	P					
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NAME			4. 2 NAM	t			•			
					BEAD.				1	
STREET ADDRES	22		4.3 STREI							
CITY-ST-ZIP			4.4 CITY		<u> </u>			<del></del>		
TITLE		☐ DELETE	5.1 TITLE		1		l	Change	☐ Addition	
NAME			5.2 NAME		- 1				ļ	
STREET ADDRES	22		5.3 STREE	ET ADDE	RESS					
CITY-ST-ZIP			5.4 CITY -	ST-71P	,					
TITLE		DELETE	6.1 TITLE					Change	Addition	
							1			
NAME			6.2 NAME		J				}	
STREET ADDRES	28		6.3 STREE	T ADDF	RESS				ì	
CITY-ST-ZIP			6.4 CITY-							
14. I heret	by certify that the information supplied	with this filing does not qualify f	or the exem	ntion	stated in Section	n 119 07/3)(i) Florida Statutes	I further cer	ity 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.

R.J. LAWEN SEC