

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Dorinda B. Myrtland
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000002306 (6)**

1. Incorporation Number

MITCH UNDERWOOD CONSTRUCTION, INC.

APPROVED
AND
FILED

95 MAY -1 11:27

SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

918 E. NORVELL BRYANT HWY.
HERNANDO FL 34442

P.O. BOX 2493
OCALA FL 34478

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

01/01/1994

4. FFI Number

Applied For

59-3215511

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

2a. Mailing Address

21

26

State, Apt. # etc.

State, Apt. # etc.

22

27

City & State

City & State

23

28

Zip

County

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RHOADES, RON A
2420 N. ESSEX AVE.
HERNANDO FL 34442-5320

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 607.0602 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 ratification of Section 607.0601, Florida Statutes.

SIGNATURE

(If Registered Agent is a corporation, attach a copy of the resolution authorizing the appointment.)

(If Registered Agent is an individual, attach a copy of the appointment.)

Date

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	UNDERWOOD, MITCH
STREET ADDRESS	918 E. NORVELL BRYANT HWY.
CITY, ST, ZIP	HERNANDO FL 34442
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. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I (we) hereby certify that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or trustee designated to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, above, or on any attachment with an address.

SIGNATURE:

(Handwritten Signature)
PRINT THE FULL TYPE OF PRINTED NAME OF PRINTED FULL OR DIRECTOR

4-28-95

904-344-5255