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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS **DOCUMENT #** P94000089608 (1)

SOUTHEAST UNDERGROUND CONSTRUCTION, INC.  Principa! Place of Business Mailing Address  2309 HANCOCK BRIDGE PARKWAY CAPE CORAL FL 33990 CAPE CORAL FL 33990									
						3. Date Incorporated or Qualified 12/12/1994	3a.	Date of Last f 06/20/19	
	lace of Business	2a. Mailing Address				4. FEI Number	-l	00,00,	Applied For
21		26				59-3282109			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	×		5 Additional Required
City & State	e	City & State				6. Election Campaign Financing		\$5.0	00 May Be
23		28				Trust Fund Contribution			ed to Fees
Ζιρ	Country	Zip	Cou	ntry		8. This corporation has liability for	intangit	ole tax under s	199.032,
24	25 9. Name and Address of Curre	29	30				KN		
	5. Haine and Address of Curre	iit negistered Agent		81	Name	10. Name and Address of New F	egiste	red Agent	
COTTR	ELL, JAMES L								
1633 S.E. 47TH TERR. CAPE CORAL FL 33904				82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
				83					
				84					
			į	64	City		- 1	FL  85   Z	ip Code
SIGNATURE	th, and accept the obligations of, Sec Signature, typed or printed name of registered ager	·		Agent	signature required		DA <sup>-</sup>		200 IV 40
TITLE	P	DELETE	1.1 Ti	TIF		ADDITIONS/CHANGES TO OFF	ICERS.	Change	Addition
NAME	JUSTICE, DONALD R		1.2 NA					□ onenge	☐ Notition
STREET ADDRESS 5260 S. LANDINGS DRIVE, #1701					ADDRESS				
CiTY-SI-ZIP	FORT MYERS FL			TY-ST					
TIFLE	Ĭ	DELETE	2. 1 Ti					Change	☐ Addition
NAME	JUSTICE, PATRICIA A		2 2 NA	ME					
STREET ADDRESS	5260 S. LANDINGS DRIVE,	<b>#1701</b>	2.3 ST	REETA	ADORESS				
CITY - ST - ZIP	FORT MYERS FL		2.4 CI	TY-ST	- ZIP				
TITLE	V NAME OF THE PARTY OF THE PART	DELETE	3. 1 71	TLE				Change	☐ Addition
NAME	POWELL, JAMES K JR		3 2 NA						
STREET ADDRESS	4530 SE 10TH AVE CAPE CORAL FL 33904				ADDRESS				
CHY-ST-ZIP TITLE	OATE CONAL PL 33904	DELETE		TY-ST	- ZIP			[] Channe	FT (Labellia -
NAME		F) verest	4.1 TI					Change	Addition
STREET ADDRESS			4.2 NA		ADDRESS				
City-St-ZIP				TY-SI					
TITLE		DELETE	5. 1 TI		<u></u>			☐ Change	Addition
NAME			5.2 NA						
STREET ADDRESS					ADORESS				
City-St-ZiP			- 1	TY-ST					
TITLE		☐ DELETE	6 1 TI	TLE				☐ Change	☐ Addition
NAME			6 2 NA	ME					
STREET ADDRESS			6.3 ST	REFTA	ADDRESS				
CITY - ST - ZIP			6.4 CI	TY-\$T	- ZIP				

14. I do hereby certify that the information upplied 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 of 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 of 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 of 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 in Section 119.07(3)(k). Florida Statutes if further certify that the information indicated in Section 119.07(3)(k). Florida Statutes if further certify that the information indicated in Section 119.07(3)(k). Florida Statutes if further certify that the information indicated in Section 119.07(3)(k). Florida Statutes in Section 119.07(3)(k). Florida Stat

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4/15/96

941-995-8777