2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 01, 2000 8:00 am Secretary of State DOCUMENT # P96000045013 R.J.'S UNDERGROUND UTILITIES, INC. 02-01-2000 90076 033 ***150.00 Principal Place of Business Mailing Address 1300 EAST SR 200 1300 EAST SR 200 YULEE FL 32097 YULEE FL 32097 809718 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3381970 Not Aprillian 2.2 Country Zip -Country **\$8.75**-Additional-5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MORGAN, RUSSELL H JR. Street Address (P.O. Box Number is Not Acceptable) 1300 EAST SR 200 YULEE FL 32097 (a) 15 142 多色艺 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **FILE NOW!!! FEE IS \$150.00 - * - * - * -9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME MORGAN, RUSSELL H JR. STREET ADDRESS STREET ADDRESS 1300 EAST SR 200 CITY-ST-ZIP * CITY-ST-ZIP Yulee FL 32097 ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS-CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Little L Will CITY-ST-ZIP CITY-ST-ZIP "□ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I 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 information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment withan address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF HINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #