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

PROFIT CORPORATION ANNUAL REPORT

1998

City & State

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000035883 (2) DOCUMENT #

UNDERLINE UTILITY CONTRACTORS, INC.

Country

JOYNER, WAYNE

9. Name and Address of Current Registered Agent

Principal Place of Business Mailing Address 8300 WEST BEAVER STREET JACKSONMILLE FL 32220 8300 WEST BEAVER STREET JACKSONVILLE FL 32220 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/18/1997 2a. Mailing Address 2. Principal Place of Business 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 22

City & State

Zip

28

FILED May 08 1998 8:00am Secretary of State

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8. This corporation owes or has paid the current year Intangible

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes 🔲

Not Applicable

8300 WEST BEAVER STREET JACKSONVILLE FL 32220				Street	Address (P.O. Box Number is Not Acceptable)			
-	SHOOMHELL I'E SEEE		83					··-
				0::		T=T		
			84	City	FL	85	Zip C	ode
Office of re	o the provisions of Sections 607.0502 and 607 egistered agent, or both, in the State of Florida in familiar with, and accept the obligations of,	i. Such change was au	Jihorized by	the con	corporation submits this statement for the purpose oporation's board of directors. I hereby accept the appropriate the purpose of the purpose	chang ointme	jing its nt as r	registere egistered
SIGNATURE .	Signeture, hyped or printed name of registered apent and title if	envicable (NOTE	Projetered And	ot signatura	required when reinstating) DATE			
12.	OFFICERS AND DIRECT		13.	a a agricula	ADDITIONS/CHANGES TO OFFICERS AND	DIRE	CTOR!	3 IN 12
TITLE	D	DELETE	1.1 TITLE			Chi		Additi
HAME	JOYNER, WAYNE		1.2 NAME				•	
STREET ADDRESS	8300 WEST BEAVER STREET		1.3 STREET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32220		1.4 CITY-S					
TITLE	D	DELETE	2.1 TITLE			☐ Ch	ange	Additi
NAME	JOYNER, RUTH		2.2 NAME					
STREET ADDRESS	8300 WEST BEAVER STREET		2.3 STREET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32220		2. 4 CITY-5	T-ZIP				
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NAME			6.2 NAME					
STREET ADORESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP		•	6.4 CITY - S	T- 7 IP				

Country

81 Name

30

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 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 for on an attantiment with an address.

SIGNATURE: