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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000035883**

UNDERLINE UTILITY CONTRACTORS, INC.

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90010 033 ***150.00



Principal Place of Business Mailing Address							# 113W1 #11#1 1#	
8300 WEST BEAVER STREET JACKSONVILLE FL 32220 8300 WEST BEAVER STREET JACKSONVILLE FL 32220						DO NOT WRITE IN THE	S SPACE	
						3. Date Incorporated or Qualifed 04/18/1997		
Principal Place of Business 2a. Mailing Address						4. FEI Number	$ \Box$	Applied For
21		26				59-3438675		Not Applicable
Suite, Apt.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	5 Additional Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip			Cou	ntry		8. This corporation owes the current year In	_ <u>~</u>	_
24	25 29 30		30			Personal Property Tax.	☐Yes	□No
Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent	
100	MED MANNE			81	Name			
JOYNER, WAYNE 8300 WEST BEAVER STREET				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
JACI	KSONVILLE FL 32220			83				
				84	City	FL	-	p Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was au	thorized	lbyt	the corporation	ration submits this statement for the purpose of i's board of directors. I hereby accept the appo	changing introduced introduced in interest	its registered registered
SIGNATURE)
	Signature, typed or printed name of registered agent		<u> </u>	Agent	signature required			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 TIT		1		☐ Chang	je 🗀 Addition
NAME	JOYNER, WAYNE		1.2 NA					
STREET ADDRESS	8300 WEST BEAVER STREET				ADDRESS			j
CITY-ST-ZIP	JACKSONVILLE FL 32220	C priete	1.4 CI		-ZIP	<u> </u>		T Addition
TITLE	D SUPER SUPER	☐ DELETE	2.1 TII				☐ Chang	e 🔲 Addition
NAME	JOYNER, RUTH		2.2 NA					, }
STREET ADORESS	8300 WEST BEAVER STREET	·			ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32220	☐ DELETE	2. 4 Ci		T-ZIP		Change	e Addition
TITLE		□ octete	3.1 TIT				□ cuang	e (Addition
NAME			3.2 NA		LABOUTOS.			
STREET ADDRESS					ADDRESS			1
CITY-ST-ZIP TITLE		□ DELETE	3.4 CI 4.1 TIT		1-214		Chang	e Addition
NAME			4.1 III		1		_ 5.12/19	
					ADDRESS			
STREET ADDRESS CITY-ST-ZIP			4.3 ST					
TITLE		☐ DELETÉ	5.1 TIT		-41		☐ Chang	e Addition
NAME			5.2 NA					
STREET ADDRESS			,		ADDRESS			}
CITY-ST-ZIP			5.4 CIT					
TITLE		☐ DELETE	6.1 TIT				☐ Change	e [] Addition
NAME			6.2 NA					
STREET ADDRESS			6.3 ST	REET	ADDRESS			
CITY-ST-ZIP			6.4 CIT					İ

14. 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, off on an attachment with an address, with all other like empowered.

SIGNATURE: