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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000090957 (6)

ABZ GUARANTEED UNDERGROUND. INC.

Principal Place of Business Mailing Address 164-117TH AVENUE #3 164-117TH AVENUE #3 TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/17/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-347-3359 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GODDARD, FRANK W 2959 FIRST AVENUE NORTH 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33713 83 84 City Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE PRESI DENT Addition Channe 1.1 TITLE TITLE PINION, JEFFERY R 12 NAME NAME PINION SEFFERN 11919 102ND STREET NORTH STREET ADDRESS 1.9 STREET ADDRESS JOH HITTH AVE TREASURE ISLAND FL 33706 TRASVAL TELAND, FL CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE ___ Addition TITLE 2.1 TITLE COPE, LAWRENCE W 2.2 NAME NAME ResiGNED 11919 102ND STREET NORTH 2.3 STREET ADDRESS STREET ADDRESS **LARGO FL 33773** 2.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE Change STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

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 13 if changed, or on an attachment with an address.

SIGNATURE:

FILED

Apr 16 1998 8:00am

Secretary of State