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 # P98000077707

1. Corporation Name

Suite, Apt. #, etc.

SUITE A

CRARY, LAWRENCE E III

555 COLORADO AVENUE

STUART FL 34994

City & State --

23

24

Zip

CARIBBEAN UNDERGROUND TECHNOLOGIES, INC.

·	- · · · · · · · · · · · · · · · · · · ·		
Principal Place of Business	Mailing Address		
POST OFFICE BOX 817 JENSEN BEACH FL 34958	POST OFFICE BOX 817 JENSEN BEACH FL 34958		
2. Principal Place of Business	2a. Mailing Address		

Suite, Apt. #, etc.

City & State

Zip Country Country 30 29 25 9. Name and Address of Current Registered Agent

27

28

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90020 032 ***150.00



DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualifed					
09/09/1998					
4. FEI Number	Applied For				
65-086/755	Not Applicable				
5. Certifcate of Status Desired	\$8.75 Additional Fee Required				
 6. Election Campaign Financing Trust Fund Contribution	\$5.00_May.Be Added to Fees				
This corporation owes the current year Int Personal Property Tax.	angible ☐ Yes ☐ No				

10. Name and Address of New Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 Zip Code City

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.

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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	D	DELETE	1.1 TITLE		Change	Addition				
NAME	MALONE, WALTER K	i	1.2 NAME	•						
STREET ADDRESS	2445 N.E. 16TH COURT		1.3 STREET ADDRESS							
CITY-ST-ZIP	JENSEN BEACH FL 34957		1.4 CITY-ST-ZIP							
TITLE	D	DELETE	2.1 TITLE		Change	☐ Addition				
NAME	MALONE, MARLYS J		2.2 NAMÉ							
STREET ADDRESS	2445 N.E. 16TH COURT		2.3 STREET ADORESS			ľ				
CITY-ST-ZIP	JENSEN BEACH FL 34957		2.4 CITY-ST-ZIP.		·	<u> </u>				
TITLE		DELETE	3.1 TITLE		☐ Change	Addition				
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP			3.4. CITY-ST-ZIP			Financial and a state of the st				
TILE	. □	DELETE	4.1 TΠLE		☐ Change	Addition				
NAME			4. 2 NAME			}				
STREET ADDRESS			4.3 STREET ADDRESS			}				
CITY-ST-ZIP			4.4 CITY-ST-ZIP							
TITLE		DELETE	5.1 TITLE		☐ Change	☐ Addition				
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY-ST-ZIP		5	CT Addition				
TITLE		DELETE	6.1 TITLE		Change	Addition				
NAME			6.2 NAME							
STREET ADDRESS	and the second		6.3 STREET ADDRESS							
CITY-ST-ZIP			6.4 CITY-ST-ZIP			i				

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: