

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAR 23 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S07746 (8)

1. Corporation Name:
UNIT ONE UNDERGROUND CONSTRUCTION, INC.

Principal Place of Business: **17300 NAIAD COURT
PUNTA GORDA FL 33955**
Mailing Address: **17300 NAIAD COURT
PUNTA GORDA FL 33955**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/23/1990**
3a. Date of Last Report: **03/17/1994**

4. FEI Number: **07-1702456**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suits, Apt. #, etc.: **22**
City & State: **27**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent:
**STURDIVANT, FRANK
17300 NAIAD COURT
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent:
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: **FL** 85 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) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURDIVANT, FRANK	1.2 NAME	
STREET ADDRESS	17300 NAIAD COURT	1.3 STREET ADDRESS	
CITY - ST - ZIP	PUNTA GORDA FL	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURDIVANT, FRANK	2.2 NAME	
STREET ADDRESS	17300 NAIAD COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	PUNTA GORDA FL	2.4 CITY - ST - ZIP	
TITLE	VSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURDIVANT, JOHNNY	3.2 NAME	
STREET ADDRESS	414 BURNINGTREE LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	PUNTA GORDA FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frank Sturdivant* **FRANK STURDIVANT** 3-2095 813-637-0095
SIGNATURE AND TITLE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr