

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martin
Secretary of State
DEPARTMENT OF CORPORATIONS

APPROVED
AND
FILED

MAY - 1 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V35892

(1)

1. Corporation Name:

AMERICAN UNDERGROUND UTILITIES, INC.

Principal Place of Business

4584 ENTERPRISE AVENUE
UNIT A
NAPLES FL 33942

Mailing Address

4584 ENTERPRISE AVENUE
UNIT A
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. # 100

28. Mailing Address

26

22 Suite, Apt. # 100

27

City & State

23 City: Naples

City & State

28

24 Zip: 33942

Zip: 29

County: 30

9. Name and Address of Current Registered Agent

MOORE, JOHN D
4584 ENTERPRISE AVENUE
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

11. Pursuant to the provisions of Section 607, Florida Statutes, and 607.106, 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 understand the obligations of Section 607, Florida Statutes.

SIGNATURE

John D. Moore, Registered Agent, 4584 Enterprise Ave., Naples, FL 33942

John D. Moore, Registered Agent, 4584 Enterprise Ave., Naples, FL 33942

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICES AND DIRECTORS IN 12	
NAME	D BEARSE, CURTIS 102 VALLEY DR BONITA SPRINGS FL	1. NAME 2. STREET ADDRESS 3. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MOORE, JOHN DOUGLAS 11670 HATTER CT. BONITA SPRINGS FL	4. NAME 5. STREET ADDRESS 6. CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. NAME 8. STREET ADDRESS 9. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME 11. STREET ADDRESS 12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13. NAME 14. STREET ADDRESS 15. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		16. NAME 17. STREET ADDRESS 18. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		19. NAME 20. STREET ADDRESS 21. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME 23. STREET ADDRESS 24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.07(6)(b), Florida Statutes. I further certify that the information indicated on the 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 on Block 12 or Block 13, if applicable, or on an attachment with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 813-648-1922
FAX 813-648-1922