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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F36662

ANTHONY ELECTRIC SERVICE, INC.

FILED

May 13 1998 8:00am

Secretary of State

Principal Place of Business	Mailing Address	
246 SW 33 STEET FT. LAUDERDALE FL 33315 US	246 SW 33 STREET FT. LAUDERDALE FL 33315 US	

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/29/1981 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2104023 Not Applicable 26 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes 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 KEMPNER AND SCHOTTENFELD 81 Name I UNIVERSITY DR. NORTH 82 Street Address (P.O. Box Number is Not Acceptable) STE B-210 83 PLANTATION FL 33324 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 (NOT) Registered Agent signature required when reinstating) Signature, typed or printed name of registered agest and time if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE ☐ Addition Change TITLE 1.1 TITLE BARROW, WILLIAM A NAME 1.2 NAME 7700 NW 8TH STREET STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES, FL 00000 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP STD DELETE Change Addition TITLE 2.1 TITLE BARROW, MARTHA NAME 2.2 NAME 7700 NW 8TH STREET STREET ADDRESS 2.3 STHEET ADDRESS PEMBROKE PINES, FL 00000 CITY-ST-ZIF 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE OCHS. WAYNE NAME 3.2 NAME 2600 N 38 AVENUE STREET ADDRESS 3.3 STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP 3.4 CITY-ST-ZIP ☐ DELETE Change Addition | TITLE 4.1 TITLE NAME 4.2 NAME 43 STHEET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change 6.1 TITLE Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS 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 supplicmental 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.

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