

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H44330** (9)

1. Corporation Name

AMTEC MECHANICAL CONTRACTORS, INC.



Principal Place of Business

**40351 US HWY 19 N.
SUITE 308
TARPON SPRINGS FL 34689
US**

Mailing Address

**40351 US HWY 19 N.
SUITE 308
TARPON SPRINGS FL 34689
US**

2. Principal Place of Business

2a. Mailing Address

21 **110 Athens Street** 26 **110 Athens Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Tarpon Springs, FL** 28 **Tarpon Springs, FL**

24 **34689** 25 **USA**

29 **34689** 30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/25/1985

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2534112

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

10. Name and Address of New Registered Agent

**VINSON, WILLIAM, L
110 SOUTH LEVIS AVE
#1400
TARPON SPRINGS FL 34689**

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

Signature of person or persons authorized to sign this statement

DATE Registered Agent Signature required when making

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
CARBAUGH, RICHARD T**
STREET ADDRESS **40351 US HWY 19 N., SUITE 308**
CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE ☐ DELETE

NAME **SD
CARBAUGH, KATHY L**
STREET ADDRESS **40351 US HWY 19 N. SUITE 308**
CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME **PD
Richard T. Carbaugh, Jr.**
STREET ADDRESS **110 Athens Street**
CITY-ST-ZIP **Tarpon Springs, FL 34689**

2.1 TITLE ☒ Change ☐ Addition

NAME **110 Athens Street**
STREET ADDRESS **Tarpon Springs, FL 34689**

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Kathy L. Carbaugh - Sec.** 5-16-96 813-938-3771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathy L. Carbaugh

CR2E034 (12/95)