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 # H44330

STREET ADDRESS

CITY-ST-ZIP

AMTEC MECHANICAL CONTRACTORS, INC.

	,								
Principal Place of Business Mailing Address						i iddiğii mili diğii dibaş tirə	8 Itilit 8811 81811		2:2:: :34:
110 ATHENS STREET TARPON SPRINGS FL 34689 US		110 ATHENS STREET TARPON SPRINGS FL 34689 US			DO NOT W	RITE IN THIS	SPACE		
•					1	3. Date Incorporated or Qualifed			
						02/25/1985	U= Q		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			plied For
21		26				59-2534112			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		- =	5. Certifcate of Status Desired	cate of Status Desired			
City & State		City & State			6. Election Campaign Financing \$5.00 May Be			May Be	
23		28			Trust Fund Contribution Added to Fees			o Fees	
Zip	Country	Zip	Country			8. This corporation owes the c	urrent year In		п.,
24 25		29 30			Personal Property Tax.		Yes	□No	
	9. Name and Address of Currer	t Registered Agent		N		10. Name and Address of New	w Registered	Agent	
VINC	ON WILLIAM I		81	Name					
	ON, WILLIAM, L SOUTH LEVIS AVE			Street Address (P.O. Box Number is Not Acceptable)					
#1400			83	-		·			
	PON SPRINGS FL 34689								
			84	City			Fl	85 Zip (Code
44 Durauant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes	the above	e-named	corpor	ation submits this statement for t	he purpose o	f changing its	registered
office or re	egistered agent, or both, in the State	of Florida. Such change was auti	horized by	the corpo	oration'	's board of directors. I hereby ac	cept the appo	intment as re-	gistered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Fiond	ia Statutes						
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTF: R	egistered Ager	yt sionature re	equired w	rhen reinstating)	DATE		
12.		ID DIRECTORS	13.	n digitation of	oquire ii	ADDITIONS/CHANGES TO		ND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			<u> </u>		Change	☐ Addition
NAME	CARBOUGH, RICHARD T. J		1.2 NAME						
STREET ADDRESS	110 ATHENS STREET		1.3 STREET	T ADDRESS					
CITY-ST-ZIP	TARPON SPRINGS FL		1.4 CITY-S	T-ZIP					
TITLE	SD	☐ DELETE	2.1 TITLE	· · ·				☐ Change	☐ Addition
NAME	CARBAUGH, KATHY L		2.2 NAME		1				
STREET ADORESS	110 ATHENS ST		2.3 STREE	TADDRESS				_	
CITY-ST-ZIP	TARPON SPRINGS FL		2.4 CITY-5						
TITLE	-and Vient to	☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME			3.2 NAME	ļ	ļ				
STREET ADDRESS			3.3 STREE	TADDRESS					
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE					☐ Change	Addition
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREE	T ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE					☐ Change	Addition
NAME.			5.2 NAME						
STREET ADDRESS			5.3 STREE	TADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	<u> </u>				
TITLÉ		☐ DELETE	6.1 TITLE			 -		☐ Change	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS	(6.3 STREE	TADDRESS	ĺ				

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. 727-938-3771

6.4 CITY-ST-ZIP

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90222 012 ***150.00

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