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

CORPORATION ANNUAL REPORT
**1995**

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

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95 JAN 26 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M54360** (6)

1. Corporation Name
**ANCHOR INSULATED WIRE, INC.**

DO NOT WRITE IN THIS SPACE.

| Principal Place of Business | Mailing Address |
|---|---|
| 3638 131ST AVENUE NORTH<br>P.O. BOX 17039<br>CLEARWATER FL 34622<br>US | 3638 131ST AVENUE NORTH<br>P.O. BOX 17039<br>CLEARWATER FL 34622<br>US |

3. Date Incorporated or Qualified: 06/23/1987
3a. Date of Last Report: 02/10/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 3939 Airway Circle | 26 3939 Airway Circle |
| Suite, Apt. #, etc.<br>22 PO Box 17039 | Suite, Apt. #, etc.<br>27 PO Box 17039 |
| City & State<br>23 Clearwater Fl | City & State<br>28 Clearwater Fl |
| Zip / Country<br>24 34622 / 25 US | Zip / Country<br>29 34622 / 30 US |

4. FEI Number: 59-2819211 ☐ 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

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| ABBO, ARTHUR M.<br>3638 131ST AVENUE NORTH<br>CLEARWATER FL 34622 | 01 Name: Abbo Arthur<br>02 Street Address (P.O. Box Number is Not Acceptable): 3939 Airway Circle<br>03<br>04 City: Clearwater FL 05 Zip Code: 34622 |

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: ✓ Arthur Abbo
Signature, typed or printed name of registered agent and title if applicable. (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 | ☒ Change ☐ Addition |
| NAME | ABBO, ARTHUR M. | 1.2 NAME | Abbo, Arthur |
| STREET ADDRESS | 3638 131ST AVEN. NORTH | 1.3 STREET ADDRESS | 3939 Airway Circle |
| CITY-ST-ZIP | CLEARWATER FL | 1.4 CITY-ST-ZIP | Clearwater Fl |
| TITLE | STD | 2.1 TITLE | ☒ Change ☐ Addition |
| NAME | ABBO, JEANNE | 2.2 NAME | Abbo, Jeanne |
| STREET ADDRESS | 3638 131ST AVE. NORTH | 2.3 STREET ADDRESS | 3939 Airway Circle |
| CITY-ST-ZIP | CLEARWATER FL | 2.4 CITY-ST-ZIP | Clearwater Fl |
| TITLE | | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ 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 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.

**SIGNATURE:** ✓ Arthur Abbo, Abbo, Arthur 1/21/95 (813) 573-1822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

040163 FP