

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

APPROVED
AND
FILED

95 MAY 16 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M82861 (9)

1. Corporation Name

AMERICAN HI-TECH ELECTRIC, INC.

Principal Place of Business

Mailing Address

~~N. NORMAN R. GANT~~
P. O. BOX 82839
TAMPA FL 33682

~~N. NORMAN R. GANT~~
P. O. BOX 82839
TAMPA FL 33682

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/23/1988

3a. Date of Last Report
04/28/1994

2. Principal Place of Business

2a. Mailing Address

21 7820 North 56th Street
Tampa, Florida 33617

26 7820 North 56th Street
Tampa, Florida 33617

4. FEI Number
59-2894491

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

24 Zip Country

29 Zip Country

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GANT, NORMAN R.
934-B E. 124TH AVE.
TAMPA FL 33612

81
82
83
84

Charles R. Safarik (acceptable)
7820 North 56th Street
Tampa, Florida 33617

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

C.R. Safarik

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSE
NAME	GANT, NORMAN R.
STREET ADDRESS	17617 SHADYSIDE CR.
CITY - ST - ZIP	LUTZ FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	Charles R. Safarik
2.3 STREET ADDRESS	7820 North 56th Street
2.4 CITY - ST - ZIP	Tampa, Florida 33617
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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, with an attachment with an address.

SIGNATURE:

C.R. Safarik

Date

Signature (Print Name)