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DIVISION OF CORPORATIONS
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CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **834841** **(9)**

1. Corporation Name
UTEC CONSTRUCTORS, INC.

Principal Place of Business	Mailing Address
239 BOSTON ST. TOPSFIELD MA 01983	239 BOSTON ST. TOPSFIELD MA 01983

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/12/1975**
3a. Date of Last Report: **02/07/1994**

2. Principal Place of Business
21 **395 BOSTON ST. RT 1**
22 Suite, Apt. #, etc
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 **395 BOSTON ST - RT 1**
27 Suite, Apt. #, etc
28 City & State
29 Zip
30 Country

4. FEI Number: **48-0770620** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, Typed or Printed Name of Registered Agent and Title if Applicable (NOTE: Registered Agent's signature required where mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	☐ Change ☐ Addition
NAME	STONEBERGER, DIANA	1.2 NAME	
STREET ADDRESS	26 IPSWICH WOODS DR	1.3 STREET ADDRESS	
CITY ST ZIP	IPSWICH MA	1.4 CITY ST ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	HOOD, EUGENE C.	2.2 NAME	
STREET ADDRESS	10 FOREST ROAD	2.3 STREET ADDRESS	
CITY ST ZIP	TOPSFIELD MA	2.4 CITY ST ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	STONEBERGER, JAMES L	3.2 NAME	
STREET ADDRESS	71 HOWLETT ST.	3.3 STREET ADDRESS	
CITY ST ZIP	TOPSFIELD, MASS 0	3.4 CITY ST ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	SYLVESTER, CHARLES B.	4.2 NAME	
STREET ADDRESS	11 LIVINGSTON DRIVE	4.3 STREET ADDRESS	
CITY ST ZIP	WEST PEABODY MA	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 attached sheet, with an address.

SIGNATURE: Nicholas Stoneberger 06/09/95 508-887-2396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0403401 FN