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 APR 26 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000000619 (7)**

1. Corporation Name
ANAMET ELECTRICAL, INC.

Principal Place of Business	Mailing Address
1000 BROADWAY AVENUE EAST MATTOON IL 61938-4677	1000 BROADWAY AVENUE EAST MATTOON IL 61938-4677

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
02/09/1993	03/03/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 37-1300937 ☐ 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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	☒ Change	☐ Addition
NAME	CADY, WILLIAM S	1.2 NAME		
STREET ADDRESS	698 SOUTH MAIN STREET	1.3 STREET ADDRESS	1000 BROADWAY AVE EAST	
CITY-ST-ZIP	WATERBURY CT 06725	1.4 CITY-ST-ZIP	MATTOON, IL 61938	
TITLE	ST	2.1 TITLE	☐ Change	☐ Addition
NAME	HAGSTROM, EDWIN A	2.2 NAME		
STREET ADDRESS	698 SOUTH MAIN STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	WATERBURY CT 06725	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE	☐ Change	☐ Addition
NAME	HOWE, DANIEL E.	3.2 NAME		
STREET ADDRESS	1000 BROADWAY AVE. E.	3.3 STREET ADDRESS		
CITY-ST-ZIP	MATTOON IL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE	☐ Change	☐ Addition
NAME	STEWART, TERRALL L	4.2 NAME		
STREET ADDRESS	1000 BROADWAY AVE. E.	4.3 STREET ADDRESS		
CITY-ST-ZIP	MATTOON IL 61938-4677	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	☐ Change	☐ Addition
NAME	CVENGROS, JOSEPH M	5.2 NAME		
STREET ADDRESS	739 ROOSEVELT ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	GLEN ELLYN IL 60137	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	☐ Change	☐ Addition
NAME	THOMAS, JOHN C	6.2 NAME		
STREET ADDRESS	351 E. 84TH STREET, 17-E	6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10028	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: WILLIAM S CADY *William S Cady* PRESIDENT 217-234-8844
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — OFFICER OR DIRECTOR — Date — Daytime Phone #

2/27/95

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