

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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90086 045 ***150.00

DOCUMENT # F93000000619

1. Corporation Name
ANAMET ELECTRICAL, INC.

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

Mailing Address
1000 BROADWAY AVENUE EAST
MATTOON IL 61938-4677

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1993

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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 P ☐ DELETE

NAME CADY, WILLIAM S
STREET ADDRESS 1000 BROADWAY AVE. EAST
CITY-ST-ZIP MATTOON IL

1.1 TITLE ☐ Change ☐ Addition

TITLE S ☐ DELETE

NAME DAVID A WRIGHT
STREET ADDRESS 698 SOUTH MAIN ST
CITY-ST-ZIP WATERBURY CT

2.1 TITLE ☐ Change ☐ Addition

TITLE CFO ☐ DELETE

NAME WEBER, WILLIAM
STREET ADDRESS 1000 BROADWAY AVENUE E
CITY-ST-ZIP MATTOON IL 61938

3.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME STEWART, TERRALL L
STREET ADDRESS 1000 BROADWAY AVE. E.
CITY-ST-ZIP MATTOON IL 61938-4677

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME CVENGROS, JOSEPH M
STREET ADDRESS 739 ROOSEVELT ROAD
CITY-ST-ZIP GLEN ELLYN IL 60137

5.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME THOMAS, JOHN C
STREET ADDRESS 351 E. 84TH STREET, 17-E
CITY-ST-ZIP NEW YORK NY 10028

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE: WILLIAM WEBER

3-31-99

217 234 8844 -209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)