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PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # J35923 (8)

1. Corporation Name

JANTECH POWER SERVICES, INC.



Principal Place of Business

5004A W LINEBAUGH AV
TAMPA FL 33624
US

Mailing Address

P.O. BOX 271542
TAMPA FL 33688
US

3. Date Incorporated or Qualified
10/02/1986

3a. Date of Last Report
01/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-2719286

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

NIZBORSKI, JAY A
3317 CHEVIOT DR
SUITE 5
TAMPA FL 33618

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

16114 Belle Meade Blvd

83

84 City

00655A

FL

85 Zip Code

33556

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

JAY A NIZBORSKI

1-29-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME NIZBORSKI, JAY ☐ DELETE
2. STREET ADDRESS 3317 CHEVIOT DRIVE
3. CITY-STATE-ZIP TAMPA FL

4. NAME ☐ DELETE
5. STREET ADDRESS
6. CITY-STATE-ZIP

7. NAME ☐ DELETE
8. STREET ADDRESS
9. CITY-STATE-ZIP

10. NAME ☐ DELETE
11. STREET ADDRESS
12. CITY-STATE-ZIP

13. NAME ☐ DELETE
14. STREET ADDRESS
15. CITY-STATE-ZIP

16. NAME ☐ DELETE
17. STREET ADDRESS
18. CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I 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, or on an attachment with an address.

SIGNATURE:

JAY A NIZBORSKI Pres.

1-29-96

813 962 0755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number

CR2E034 (12/95)