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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 2:18

DOCUMENT # **K55855** (6)

1. Corporation Name
ANTECKI PLUMBING CO. INC.

Principal Place of Business	Mailing Address
10462 228TH LANE S. BOCA RATON FL 33428 US	10462 228TH LANE S BOCA RATON FL 33428 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/05/1989
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business
21: 11145 HARBOUR SPRINGS CIR.
22: Suite, Apt. #, etc.
23: City & State: BOCA RATON, FLA
24: Zip: 33428 25: Country

2a. Mailing Address
27: 11145 HARBOUR SPRINGS CIR. Suite, Apt. #, etc.
28: City & State: BOCA RATON FLA
29: Zip: 334[illegible] 30: Country

4. FEI Number: 65-0090314 ☐ 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

ANTECKI, MARK J.
10462 228TH LANE S
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 11145 HARBOUR SPRINGS CIR.
83
84 City: BOCA RATON FL 85 Zip Code: 33428

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	PSD	1.1 TITLE	☒ Change ☐ Addition
NAME	ANTECKI, MARK J.	1.2 NAME	
STREET ADDRESS	10462 228TH LANE S	1.3 STREET ADDRESS	11145 HARBOUR SPRINGS CIR
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON, FLA 33428
TITLE	VTD	2.1 TITLE	☒ Change ☐ Addition
NAME	ANTECKI, LORI L.	2.2 NAME	
STREET ADDRESS	10462 228TH LANE S	2.3 STREET ADDRESS	11145 HARBOUR SPRINGS CIR
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	BOCA RATON, FLA 33428
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 attachment with an address.

SIGNATURE: [signature] 1-11-95 407-487-1661
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0288630 CP