

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000049840 (9)

1. Corporation Name

QUANTUM ELECTRICAL CONTRACTING, INC.

Principal Place of Business

**10375 BOYNTON BEACH PLACE CIRCLE
BOYNTON BEACH FL 33437**

Mailing Address

**10375 BOYNTON BEACH PLACE CIRCLE
BOYNTON BEACH FL 33437**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/30/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

28

Country

29

30

4. FEI Number

59-3257961

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 G. 100.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**SWANK, STEVE
C/O MORRISON AND SWANK CPA
777 E. ATLANTIC AVENUE STE. 226
DELRAY BEACH FL 33483**

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

(Signature of person or persons of registered agent and then signed by)

(Signature of Registered Agent (signature required when constituting))

(Date)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

VD

BARRECA, ERIC

10375 BOYNTON PL. CIRCLE

BOYNTON BEACH FL 33437

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

PD

LYMAN, ROBERT

10375 BOYNTON PL. CIRCLE

BOYNTON BEACH FL 33437

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

STD

BARRECA, LISA T

10375 BOYNTON PL. CIRCLE

BOYNTON BEACH FL 33437

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 110.07(3)(b), 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: Lisa A. Barreca LISA A. BARRECA 11/19/95 (407) 369-1184

(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

(Date)

(Signature Number)