

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000057030 (6)

1. Corporation Name

ANTENNA SERVICES, INC.

Principal Place of Business

2643 HAVEN DR
APOPKA FL 32703

Mailing Address

2643 HAVEN DR
APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1994

3a. Date of Last Report

2. Principal Place of Business

21 APOPKA

2a. Mailing Address

2643 HAVEN DR

4. FEI Number

53 326 14 71

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 APOPKA, FL 32703

City & State

26 APOPKA, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 32703 25 U.S.A.

29 32703 30 U.S.A.

8. This corporation has liability for interstate 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

ANTHONY, ROBERT W
14 E WASHINGTON ST
SUITE 500
ORLANDO FL 32801

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
KRAFT, MICHAEL
2643 HAVEN DR
APOPKA FL 32703

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/1995 (407) 880-3669
Date (Signature)