

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000062170 (3)

1. Corporation Name

HIGHLANDER CONSTRUCTION SERVICES INC.

Principal Place of Business

1001 N.W. 51ST COURT
FT LAUDERDALE FL 33309

Mailing Address

1001 N.W. 51ST COURT
FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Quarter

08/23/1994

3a. Date of Last Report

4. FEI Number

65-0514951

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 applied for interlocking fee under S. 100.035

Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

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 607.0542 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 Registered Agent)

(Signature of Registered Agent or authorized officer or director)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HUNTER, JOE T
STREET ADDRESS	1001 N.W. 51 CT
CITY, ST, ZIP	FT LAUDERDALE FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, 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 190.07(4)(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 of a change, or on an attachment with an addition.

SIGNATURE:

Joe Hunter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-95 (305) 491-1357
TALLAHASSEE, FLORIDA

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FORM 1000
ANNUAL REPORT
1995



OFFICE OF THE SECRETARY OF STATE
JANIS B. MURPHY
Secretary of State
Tallahassee, Florida 32399-0400

DOCUMENT # **P94000062189 (3)**

CELLECTRIC COMPANY, INC.

RECEIVED 11/18/05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address
9000 W. SHERIDAN STREET
151
PEMBROKE PINES FL 33024

Mailing Address
9000 W. SHERIDAN STREET
151
PEMBROKE PINES FL 33024

3. Date of Incorporation or Organization: **08/19/1994**
3a. Date of Last Report

21. **2675 W. 81st St.** 26. **2675 W. 81st St.** 4. **65-0517517**
22. **Hialeah, Florida** 27. **Hialeah, Florida** 5. **Contributor of Statute Expenses** ☒ **\$8.75 Additional Fee Required**

23. **33016** 25. **Trade** 28. **33016** 30. **Trade** 6. **Election Campaign Financing Trust Fund Contribution** ☐ **\$5.00 May Be Added to Fees**

7. **Has any officer or director been convicted of a felony involving fraud or dishonesty within the last 10 years?** ☒ **No**

9. Name and Address of Current Registered Agent

VILDOSOLA, FRANK
9000 W. SHERIDAN STREET
151
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81. Name
82. Street Address (If C/O, Box Number or R.F. is required)
83.
84. City
85. Zip Code **FL**

11. I, the undersigned, being a resident qualified person, do hereby certify that the foregoing is a true and correct copy of the information required by the Department for the purpose of filing its registered office information report, and that the change was authorized by the corporation or trust of which I am a director, officer or shareholder, as required by law.

12. **CLYNE, NORMAN G III**
8420 N.W. 5TH STREET
PEMBROKE PINES FL 33024

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995	Change	Addition
1. NAME		
2. STREET ADDRESS		
3. CITY		
4. STATE		
5. ZIP CODE		
6. NAME		
7. STREET ADDRESS		
8. CITY		
9. STATE		
10. ZIP CODE		
11. NAME		
12. STREET ADDRESS		
13. CITY		
14. STATE		
15. ZIP CODE		
16. NAME		
17. STREET ADDRESS		
18. CITY		
19. STATE		
20. ZIP CODE		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption provided in law for officers and directors of Florida Statutes Chapter 607, and that the information included 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. I am a resident qualified person of this corporation or trust, or a director, officer or shareholder, as required by law, and I am not a director, officer or shareholder of this corporation or trust, as required by law, and I am not a director, officer or shareholder of this corporation or trust, as required by law, and I am not a director, officer or shareholder of this corporation or trust, as required by law.

SIGNATURE: *Norman G. Clyne* **Norman G. Clyne** 5/2/95 305-538-6911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR