

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000009683 (0)

1. Corporation Name

ANTIS CONTRACTING EQUIPMENT, INC.



Principal Place of Business

5355 STIRLING ROAD  
DAVIE FL 33314

Mailing Address

5355 STIRLING ROAD  
DAVIE FL 33314

3. Date Incorporated or Qualified

02/06/1995

3a. Date of Last Report

2. Principal Place of Business

21 4646 NW 8 WAY

2a. Mailing Address

26 4646 NW 8 WAY

4. FEI Number

65-0553314

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 FT. LAUDERDALE,

28 FT. LAUDERDALE

Zip Country

Zip Country

24 33309

25 BROWARD

29 33309

30 BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COATS, JESSE F  
2300 WEST SAMPLE ROAD  
SUITE 206  
POMPANO BEACH FL 33073

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 firm if applicable (to be filled in by registered agent or authorized officer of corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HOLLEY, MICHAEL R  
STREET ADDRESS 1930 S.W. 31ST AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL 33312 ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD  
NAME CLANTON, ROY  
STREET ADDRESS 4525 S.W. 55TH AVENUE  
CITY-ST-ZIP DAVIE FL 33314 ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD  
NAME EVANS, JAY C  
STREET ADDRESS 18951 S.W. 51ST AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL 33332 ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

DATE

954-493-9933

DAYTIME PHONE #

CR2E034 (12/95)