

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 12:08

DOCUMENT # P11963 (6)

1. Corporation Name

MECA ENGINEERING CORPORATION OF AMERICA, INC.

Principal Place of Business

5539 INDIANAPOLIS BLVD.
EAST CHICAGO IN 46312

Mailing Address

5539 INDIANAPOLIS BLVD.
EAST CHICAGO IN 46312

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/30/1986

3a. Date of Last Report

02/08/1994

4. FEI Number

35-1511375

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLACK, PATTI J.
501 N. VENTURA AVENUE
ORLANDO FL 32805

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME STOFKO, JOHN J.
STREET ADDRESS 5660 CHASE
CITY-ST-ZIP MERRILLVILLE IN

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

☐ Change ☐ Addition

TITLE TD
NAME HAMADY, DONALD H.
STREET ADDRESS 980 DUCK CREEK CT.
CITY-ST-ZIP HOBART IN

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

☐ Change ☐ Addition

TITLE VD
NAME FOUSHI, JOHN A.
STREET ADDRESS 8854 HOHMAN AVENUE
CITY-ST-ZIP MUNSTER IN

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

☐ Change ☐ Addition

TITLE D
NAME PARDUS, DENNIS R.
STREET ADDRESS 1836 SANDY BEACH DRIVE
CITY-ST-ZIP CROWN POINT IN

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

☐ Change ☐ Addition

TITLE SD
NAME HALL, JOHN T
STREET ADDRESS 460 E 900 NORTH
CITY-ST-ZIP VALPARAISO IL

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

☐ Change ☐ Addition

TITLE D
NAME SARVER, JOHN
STREET ADDRESS 8854 GRANT PLACE
CITY-ST-ZIP CROWN POINT IN

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

☒ Change ☐ Addition

Delete

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption printed 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: *John J. Stofko* John J. Stofko President

1/25/95

219/397-0100