

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H86351 (4)

1. Corporation Name
FAB SERVCO, INC.



Principal Place of Business: **101 E COLLEGE AVE TALLAHASSEE FL 32301 US**
Mailing Address: **101 E COLLEGE AVE TALLAHASSEE FL 32301 US**

3. Date Incorporated or Qualified: **11/20/1985**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2767302**
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: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc: **22**
City & State: **23**
Zip: **24** Country: **25**
Country: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**ROBERTS, C. PATRICK
101 E COLLEGE AVE
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 607.0502 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, applicable: _____ (INDFL Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	SMITHWICK, JERRY	
STREET ADDRESS	8195 W HWY 98	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ROBERTS, C. PATRICK	
STREET ADDRESS	109 E COLLEGE AVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHWARTZEL, JOE	
STREET ADDRESS	2824 PALM BEACH BLVD	
CITY-ST-ZIP	FT. MYERS FL 33916	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	PETERSON, BILL	
STREET ADDRESS	1100 FAIRFIELD DR	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARR, JERRY	
STREET ADDRESS	16550 N.W. 52ND AVE	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	GOODMAN, DEAN	
STREET ADDRESS	194 N.W. 187TH STREET	
CITY-ST-ZIP	MIAMI FL 33169	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Bruce Timm	
13 STREET ADDRESS	3370 Capital Circle, NE	
14 CITY-ST-ZIP	Tallahassee, FL 32308	
21 TITLE	Vice Chairman - Radio	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Linda Byrd	
23 STREET ADDRESS	8306 Baymeadows Rd	
24 CITY-ST-ZIP	Jacksonville, FL 32256	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Shawn Portmann	
63 STREET ADDRESS	4110 Centerpointe Drive	
64 CITY-ST-ZIP	Ft Myers, FL 33916	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **7-31-96** **904-681-6444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE: _____

CR2E034 (3/96)