

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H86351 (4)**  
 1. Corporation Name  
**FAB SERVCO, INC.**



Principal Place of Business <b>101 E COLLEGE AVE TALLAHASSEE FL 32301 US</b>	Mailing Address <b>101 E COLLEGE AVE TALLAHASSEE FL 32301-7703 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/20/1985</b>	3a. Date of Last Report <b>08/05/1996</b>
21	Sube. Apt. #, etc.	26	Sube. Apt. #, etc.	4. FEI Number <b>59-2767302</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
<b>PD ROBERTS, C. PATRICK 101 E COLLEGE AVE TALLAHASSEE FL 32301</b>				81 Name		
				82 Street Address (P.O. Box Number is Not Acceptable)		
				83		
				84 City	<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>TIMM, BRUCE</b>			1.2 NAME	<b>PD Roberts, C. Patrick</b>		
STREET ADDRESS	<b>3370 CAPITAL CIRCLE NE</b>			1.3 STREET ADDRESS	<b>101 E College Ave</b>		
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>			1.4 CITY-ST-ZIP	<b>Tallahassee, FL 32301</b>		
TITLE	<b>VC</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BYRD, LINDA</b>			2.2 NAME			
STREET ADDRESS	<b>8388 BAYMEADOWS RD</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>			2.4 CITY-ST-ZIP			
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SCHWARTZEL, JOE</b>			3.2 NAME			
STREET ADDRESS	<b>2824 PALM BEACH BLVD</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>FT. MYERS FL 33916</b>			3.4 CITY-ST-ZIP			
TITLE	<b>VCD</b>	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PETERSON, BILL</b>			4.2 NAME			
STREET ADDRESS	<b>1100 FAIRFIELD DR</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>W PALM BEACH FL 33407</b>			4.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CARR, JERRY</b>			5.2 NAME			
STREET ADDRESS	<b>18550 N.W. 52ND AVE</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33074 23410</b>			5.4 CITY-ST-ZIP			
TITLE	<b>C</b>	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PORTMANN, SHAWN</b>			6.2 NAME			
STREET ADDRESS	<b>4110 CENTERPOINTE DR</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>FT MYERS FL 33916</b>			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_ Date: **4-17-97** Daytime Phone #: **904-681-6444**

CR2E034 (9/96)