

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H86351 (4)

1. Corporation Name
FAB SERVO, INC.



Principal Place of Business 101 E COLLEGE AVE TALLAHASSEE FL 32301 US	Mailing Address 101 E COLLEGE AVE TALLAHASSEE FL 32301-7703 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/20/1985	3a. Date of Last Report 08/05/1996
21	Sube. Apt. #, etc.	26	Sube. Apt. #, etc.	4. FEI Number 59-2767302	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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		
PD ROBERTS, C. PATRICK 101 E COLLEGE AVE TALLAHASSEE FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD TIMM, BRUCE 3370 CAPITAL CIRCLE NE TALLAHASSEE FL 32308	1.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	VC BYRD, LINDA 8388 BAYMEADOWS RD JACKSONVILLE FL 32256	1.2 NAME	PD Roberts, C. Patrick
STREET ADDRESS	SD SCHWARTZEL, JOE 2824 PALM BEACH BLVD FT. MYERS FL 33916	1.3 STREET ADDRESS	101 E College Ave
CITY-ST-ZIP	VCD PETERSON, BILL 1100 FAIRFIELD DR W PALM BEACH FL 33407	1.4 CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	D CARR, JERRY 18550 N.W. 52ND AVE MIAMI FL 33074 23410	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	C PORTMANN, SHAWN 4110 CENTERPOINTE DR FT MYERS FL 33916	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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** 904-681-6444

CR2E034 (9/96)