


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

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90066 026 \*\*\*150.00

005004

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # H86351**

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
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 11/20/1985	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2767302	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TIMM, BRUCE	<input checked="" type="checkbox"/> DELETE	David Cobb	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3370 CAPITAL CIRCLE NE		1687 Quintet Road	
TALLAHASSEE FL		Pace, FL 32571	
VC	<input type="checkbox"/> DELETE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
BYRD, LINDA			
8386 BAYMEADOWS RD			
JACKSONVILLE FL			
S	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ANDREWS, CHRIS			
6215 W PINE ISLAND RD			
CAPE CORAL FL 33991			
VCD	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
PETERSON, BILL			
1100 FAIRFIELD DR			
W PALM BEACH FL			
C	<input checked="" type="checkbox"/> DELETE	Roberts, C. Patrick	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CARR, JERRY		101 E. College Ave, Suite 301	
PO BOX 6607 N/A		Tallahassee, FL 32301	
WEST PALM BEACH FL 33426			
VC	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
WOLFE, RONNA			
194 NW 187TH STREET			
MIAMI FL 33169			

14. I 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 1-29-99 DAYTIME PHONE #: 681-6444

CR2E034 (11/98)