


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

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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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"/> Applied For <input checked="" 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 checked="" 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	
BYRD, LINDA	<input type="checkbox"/> DELETE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
8386 BAYMEADOWS RD			
JACKSONVILLE FL			
ANDREWS, CHRIS	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6215 W PINE ISLAND RD			
CAPE CORAL FL 33991			
PETERSON, BILL	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1100 FAIRFIELD DR			
W PALM BEACH FL			
CARR, JERRY	<input checked="" type="checkbox"/> DELETE	Roberts, C. Patrick	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PO BOX 6607 N/A		101 E. College Ave, Suite 301	
WEST PALM BEACH FL 33426		Tallahassee, FL 32301	
WOLFE, RONNA	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)