

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 29, 1999 8:00 am
Secretary of State

06-29-1999 90008 002 ***550.00

DOCUMENT # 210462

1. Corporation Name

FABCO PROPERTIES, INC.

Principal Place of Business

4221 BAYMEADOWS ROAD, #11
JACKSONVILLE FL 32217

Mailing Address

4221 BAYMEADOWS ROAD, #11
JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1958

4. FEI Number

59-6060336

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 1514 Nire St.

Suite, Apt. #, etc.

22 Jax., FL

City & State

23

Zip

24 32207

Country

25 Duval

2a. Mailing Address

26 P.O. Box 57610

Suite, Apt. #, etc.

27 Jax., FL 3

City & State

28 Jax., FL

Zip

29 32241

Country

30 Duval

9. Name and Address of Current Registered Agent

BECKWITH, J.D.

13054 MANDARIN ROAD

JACKSONVILLE FL 32223

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CT ☐ DELETE

NAME BECKWITH, J.D.
STREET ADDRESS 13054 MANDARIN ROAD
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE P ☐ DELETE

NAME THOMPkins, ROBERT
STREET ADDRESS 4475 PINEY ISLAND CT.
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE SA/V ☐ DELETE

NAME BECKWITH, HENRY H
STREET ADDRESS 3375 HIGHWAY 17 SOUTH
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE V ☐ DELETE

NAME BANKES, ROWLAND
STREET ADDRESS 45 ARAPAHO ROAD
CITY-ST-ZIP BROOKFIELD CTR. CT 06804

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/99 904-396-0686
Date Daytime Phone #

CR2E034 (11/98)

0038329