

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **341698** (9)
1. Corporation Name
FAB HOMES OF FLORIDA, INC.



Principal Place of Business
**4115 STARFISH LANE
POST OFFICE BOX 261173
TAMPA FL 33685**

Mailing Address
**4115 STARFISH LANE
POST OFFICE BOX 261173
TAMPA FL 33685**

3. Date Incorporated or Qualified **02/17/1969** 3a. Date of Last Report **04/11/1995**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-1318210** Applied For Not Applicable

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc. 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22. City & State 27. City & State 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23. Zip Country 28. Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24. 25. 29. 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**TASSINARI, RAYMOND L
9 FORBES PLACE
DUNEDIN FL 33528**

81. Name **TASSINARI, RAYMOND L.**
82. Street Address (P.O. Box Number is Not Acceptable)
301 OCEANVIEW AVE.
83.
84. City **PALM HARBOR** FL 85. Zip Code **34683**

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 their application. (NOTE: Registered Agent signature required when reappointing.) DATE:

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTD** ☒ DELETE
NAME **TASSINARI, RAYMOND L.**
STREET ADDRESS **9 FORBES PLACE**
CITY-STATE-ZIP **DUNEDIN FL**

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Raymond L. Tassinari** **RAYMOND L. TASSINARI** April 12, 1996 813-787-8191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)