

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

DOCUMENT # 464846

1. Corporation Name

FABMASTER INDUSTRIES, INC.

Principal Place of Business

4350 N W 19TH AVENUE  
SUITE G  
POMPANO BEACH FL 33064  
US

Mailing Address

4350 N W 19TH AVENUE  
SUITE G  
POMPANO FL 33064  
US

FILED  
Mar 05, 1999 8:00 am  
Secretary of State

03-05-1999 90041 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1974

4. FEI Number

59-1559113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

BARBER, JAMES N  
34 NEEDLES DRIVE  
OCALA FL 34482

10. Name and Address of New Registered Agent

81 Name

JAMES N BARBER

82 Street Address (P.O. Box Number is Not Acceptable)

34 NEEDLES DRIVE

83

84 City

OCALA

FL

85 Zip Code

33482

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 PD  
NAME BARBER, JAMES N  
STREET ADDRESS 34 NEEDLES DR  
CITY-ST-ZIP Ocala FL 34482

☐ DELETE

TITLE ~~BARBER, CRISTA M~~  
NAME ~~34 NEEDLES DRIVE~~  
STREET ADDRESS ~~OCALA FL 34482~~  
CITY-ST-ZIP ~~OCALA FL 34482~~

☒ DELETE

TITLE D  
NAME BARBER, J R  
STREET ADDRESS 2924 WATERS FORD DR  
CITY-ST-ZIP DEERFIELD FL

☐ DELETE

TITLE D  
NAME FLOYD, KIMBERLY A  
STREET ADDRESS 227 N W 36TH AVENUE  
CITY-ST-ZIP DEERFIELD BEACH FL 33441

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

JAMES N. BARBER

James N. Barber

1-27-99

352-861-4957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)