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 # **849633** **(3)**

1. Corporation Name
FABCO-AIR, INC.

Principal Place of Business	Mailing Address
3716 NE 49TH ROAD GAINESVILLE FL 32609	3716 NE 49TH ROAD GAINESVILLE FL 32609

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

3. Date Incorporated or Qualified	3a. Date of Last Report
07/06/1981	05/01/1995

4. FEI Number: 59-2118021 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	V	☐ DELETE
NAME	SCHMIDT, WILLIAM R	
STREET ADDRESS	3716 NE 49TH RD	
CITY-ST-ZIP	GAINESVILLE, FL 0	
TITLE	D	☐ DELETE
NAME	STUBBS, MICHAEL B	
STREET ADDRESS	345 PARK AVE., 23RD FL.	
CITY-ST-ZIP	NEW YORK, NY 0	
TITLE	D	☐ DELETE
NAME	MARKS, PIERCE JR.	
STREET ADDRESS	133 PEACHTREE ST., #4710	
CITY-ST-ZIP	ATLANTA, GA 0	
TITLE	P	☐ DELETE
NAME	SCHMIDT, ALFRED W	
STREET ADDRESS	3716 NE 49TH RD	
CITY-ST-ZIP	GAINESVILLE, FL 0	
TITLE	STD	☐ DELETE
NAME	EDWARDS, WARD	
STREET ADDRESS	133 PEACHTREE ST., #4710	
CITY-ST-ZIP	ATLANTA, GA 0	
TITLE	D	☐ DELETE
NAME	RILEY, WILLIAM	
STREET ADDRESS	745 5 AVE #1803	
CITY-ST-ZIP	NEW YORK, NY 0	

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 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: William R. Schmidt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date ______ Daytime Phone # ______

CR2E034 (12/95)