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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F58842** (8)

1. Corporation Name
COMPONENT FABRICATORS, INC.

Principal Place of Business

**1945 SR 16
P.O. BOX 4546- 2220
ST. AUGUSTINE FL 32085
US**

Mailing Address

**PO BOX 4546-
P.O. BOX 4546 2220
ST. AUGUSTINE FL 32085-4546 2220
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/17/1981		3a. Date of Last Report 01/22/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2145561		Applied For ☐ Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**SANDERS, LYNDIA S.
3921 BARBARA TER.
ST. AUGUSTINE FL 32086**

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 (not for use if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SANDERS, LYNDIA S.	1.2 NAME	
STREET ADDRESS	3921 BARBARA TER.	1.3 STREET ADDRESS	
CITY- ST- ZIP	ST. AUGUSTINE FL	1.4 CITY- ST- ZIP	☐ Change ☐ Addition
TITLE	VPS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SANDERS, WM. MARTIN	2.2 NAME	
STREET ADDRESS	3921 BARBARA TER.	2.3 STREET ADDRESS	
CITY- ST- ZIP	ST. AUGUSTINE FL	2.4 CITY- ST- ZIP	☐ Change ☐ Addition
TITLE	V ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COLLINS, BRYAN L.	3.2 NAME	
STREET ADDRESS	1945 SR 16	3.3 STREET ADDRESS	
CITY- ST- ZIP	ST AUGUSTINE FL	3.4 CITY- ST- ZIP	☐ Change ☐ Addition
TITLE	V ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SANDERS, CHARLES L. JR.	4.2 NAME	
STREET ADDRESS	1945 SR 16	4.3 STREET ADDRESS	
CITY- ST- ZIP	ST AUGUSTINE FL	4.4 CITY- ST- ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97
904-824-5716
Pres

CR2E034 (9/96)