

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 # F95000005763 (6)

1. Corporation Name

FAST FABRICATORS, INC.



Principal Place of Business

Mailing Address

164 HAMILTON COURT  
LOUISVILLE KY 40229

164 HAMILTON COURT  
LOUISVILLE KY 40229

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date incorporated or Qualified

11/27/1995

3a. Date of Last Report

4. FEI Number

06-1325686

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
PDS  
SULLIVAN, SEAN R  
STREET ADDRESS  
8207 VAUGHN MILLS  
CITY - ST - ZIP  
LOUISVILLE KY 44229

TITLE ☐ DELETE

NAME  
DV  
CACKOWSKI, MICHAEL R  
STREET ADDRESS  
RT. 2, BOX 253  
CITY - ST - ZIP  
WARRENTON VA 22186

TITLE ☐ DELETE

NAME  
TC  
SULLIVAN, PATRICK J  
STREET ADDRESS  
514 MOUNTAIN ROAD  
CITY - ST - ZIP  
WEST HARTFORD CT 06117

TITLE ☐ DELETE

NAME  
D  
BURKHART, RICHARD R  
STREET ADDRESS  
7255 DIVISION STREET  
CITY - ST - ZIP  
OAKWOOD VILLAGE OH 44146

TITLE ☐ DELETE

NAME  
D  
BREAUX, KEITH  
STREET ADDRESS  
1940 S. PHILLIPS  
CITY - ST - ZIP  
GONZALES LA 70737

TITLE ☐ DELETE

NAME  
D  
MILES, WILLIAM  
STREET ADDRESS  
327 CURTIS STREET  
CITY - ST - ZIP  
DELAWARE OH 43015

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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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 chairman, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-13-96

203-769-6097

CR2E034 (12/95)