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Apr 09 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 # F95000005763 (6)

1. Corporation Name
FAST FABRICATORS, INC.

Principal Place of Business

164 HAMILTON COURT
LOUISVILLE KY 40229

Mailing Address

164 HAMILTON COURT
LOUISVILLE KY 40229-4023



3. Date Incorporated or Qualified

11/27/1995

3a. Date of Last Report

04/16/1996

2. Principal Place of Business

2a. Mailing Address

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

C T CORPORATION SYSTEM
1200 SOUTH 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDS ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

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

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

9215 FERN BLUFF
LOUISVILLE KY 40229

TITLE DV ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

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

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

9663 SOUTH PINES ROAD
WARRENTON VA 20186

TITLE TC ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME SULLIVAN, PATRICK J
STREET ADDRESS 86 BLOOMFIELD AVENUE
CITY-ST-ZIP HARTFORD CT

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

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

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

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

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

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

6.2 NAME
6.3 STREET ADDRESS
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 13. If changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK SULLIVAN

Chairman

Date

860-769-6097

Daytime Phone #

CR2E034 (9/96)