

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **H61290**  
1. Corporation Name  
**CENTRAL FLA. FABRICATORS, INC.**

(3)

Principal Place of Business  
**409 W. 14TH STREET  
SANFORD FL 32771**

Mailing Address  
**POB 2662  
SANFORD FL 32772**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/11/1985</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2547005</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHIGHAM, FRANK C.  
200 W. FIRST STREET  
SUITE 22, SUN BANK BLDG.  
SANFORD FL 32771**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 607.04(2) 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's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T	1.1 TITLE	
NAME	WHITLEY, ELIZABETH L.	1.2 NAME	ELIZABETH V. WHITLEY
STREET ADDRESS	2299 GRANDVIEW	1.3 STREET ADDRESS	2299 GRANDVIEW AVE
CITY-ST-ZIP	SANFORD FL 32771	1.4 CITY-ST-ZIP	SANFORD - FLA. 32771
TITLE	P	2.1 TITLE	
NAME	WHITLEY, MICHAEL A	2.2 NAME	
STREET ADDRESS	2301 GRANDVIEW	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	HOSACK, DEBORAH D.	3.2 NAME	
STREET ADDRESS	379 CARPENTER AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OSTEEN FL 32764	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	KELLEY, PAMELA T.	4.2 NAME	
STREET ADDRESS	268 LONGWOOD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OSTEEN FL 32764	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 amendment with an address.

SIGNATURE: *Deborah D. Hosack - Secretary*

4-16-98

9/07-323-1725

CR2E034 (10/97)