

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

FILED

Jan 25, 1999 8:00am  
Secretary of State

01-25-1999 90008 033 \*\*\*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H61290

1. Corporation Name

CENTRAL FLA. FABRICATORS, INC.

Principal Place of Business

409 W. 14TH STREET  
SANFORD FL 32771

Mailing Address

POB 2662  
SANFORD FL 32772

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1985

4. FEI Number

59-2547005

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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

T ☐ DELETE  
NAME WHITLEY, ELIZABETH L.  
STREET ADDRESS 2299 GRANDVIEW  
CITY-ST-ZIP SANFORD FL 32771

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

P ☐ DELETE  
NAME WHITLEY, MICHAEL A  
STREET ADDRESS 2301 GRANDVIEW  
CITY-ST-ZIP SANFORD FL 32771

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

S ☐ DELETE  
NAME HOSACK, DEBORAH D.  
STREET ADDRESS 379 CARPENTER AVE  
CITY-ST-ZIP OSTEEN FL 32764

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

VP ☐ DELETE  
NAME KELLEY, PAMELA T.  
STREET ADDRESS 266 LONGWOOD DRIVE  
CITY-ST-ZIP OSTEEN FL 32764

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 attachment with an address, with all other like empowered.

SIGNATURE:

*Elizabeth L. Whitley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99

Date

407322673

Daytime Phone #

CR2E034 (1/98)