

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
 95 JUL 14 AM 11: 27  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**DOCUMENT # J15499 (3)**

1. Corporation Name  
**FABRICATORS UNLIMITED, INC.**

Principal Place of Business      Mailing Address  
**% WARREN M. FILLMORE**      **% WARREN M. FILLMORE**  
**4547 CHUMUCKLA HWY.**      **4547 CHUMUCKLA HWY.**  
**PACE FL 32571**      **PACE FL 32571**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**05/16/1986**      **10/31/1994**

4. FEI Number      Applied For  
**59-2680778**      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

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  
**FILLMORE, WARREN M.**  
**4547 CHUMUCKLA HWY.**  
**PACE FL 32571**

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: *Warren M. Fillmore*      DATE: **7-10-95**

| 12. OFFICERS AND DIRECTORS |                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|----------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <b>PD</b>                  | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FILLMORE, WARREN M.</b> | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>4547 CHUMUCKLA HWY</b>  | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | <b>PACE FL</b>             | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                            | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                            | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                            | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                            | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                            | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                            | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                            | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                            | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                            | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                            | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                            | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                            | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                            | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                            | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                            | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                            | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                            | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 changed, or on an attachment with an address.

SIGNATURE: *Warren M. Fillmore*      DATE: **7-10-95**      (904) 994-6048

WARREN M. FILLMORE - OWNER/PRESIDENT

CR2E034 (3/95)