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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K38144

(7)

SOLID SURFACE FABRICATIONS, INC.

FILED Feb 16 1998 8:00am Secretary of State

JOCIU	OUTH ACE TACK	oanono, mo.					
Principal Plac	ce of Business	Mailing Ad	idress		·		ı
C/O DAVID	SMITH ,	13035 Si	LVER OAK DR				
	SELLE STREET	JACKSO	NVILLE FL 32223				
JACKSONVI	LLE FL 32204	U\$				DO NOT WRITE IN THIS SPACE	
						3. Date incorporated or Qualified 10/04/1988	
	Place of Business	2a. Maiting	Address			4. FEI Number Applied For	
21		26				59-2935547 Not Applica	ble
Suite, Apt.	. #, etc.		Apt #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22		27				Fee Required	
City & Sta	te	City &	Slale			6. Election Campaign Financing \$5.00 May Be	ı
23		28				Trust Fund Contribution Added to Fees	_
Zip	Country	} `	<u></u>	Country	'	8. This corporation owes or has paid the current year Intangible	
24	25	29 29 See of Current Registered A	30	0]		Personal Property Tax due June 30. Yes No	_
	 	es of Callant Hedistelan W	gent	81	Name	10. Name and Address of New Registered Agent	
	MITH, DAVID			10.	Name	в	
	3035 SILVER OAK DRI ACK&ONVILLE FL 322:			82	Street	ot Address (P.O. Box Number is Not Acceptable)	
				83			
				84	City	85 Zip Çode	
					-	FL	
11. Pursuant	to the provisions of Sections	ons 607.0502 and 607.1508	Florida Statutes,	the above	-named	ed corporation submits this statement for the purpose of changing its register	ed
agent. La	registered agent, or born am familiar with, and acce	opt the obligations of, Section	r change was but n 607.0505, Floric	nonzed by da Statutes	r the corp 3.	orporation's board of directors. I hereby accept the appointment as registered	"
SIGNATURE							
5,0,1,1,0,1,2		of registered agent and tills if applicable	o (NOTE: F	lagistered Age	nt signature	ure required when reinstating) DATE	
12.		FICERS AND DIRECTORS	- Lacricia	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0		DELETE	1.1 TITLE		Change Addit	ion
NAME	SMITH, DAVID	I/ Prince		1.2 NAME			
STREET ADDRESS	13035 SILVER OA			1.3 STREET	ADDRESS	3	Į.
CITY-ST-ZIP	JACKSONVILLE F	<u> </u>		1.4 CITY - S	T-71P		{5}
TITLE	VP	1.0	☐ DELETE	21 TITLE		L Change L Addit	ion C
NAME	SMITH, ADEIAIDA			2.2 NAME			
STREET ADDRESS	13035 SILVER OA			2.3 STREET	ADDRESS	5	
CITY-ST-ZIP	JACKSONVILLE F	<u> </u>		2. 4 CITY - 9	ST-ZIP		
TITLE			∐ DELETE	3 1 TITLE		☐ Change ☐ Additi	ion
NAME				3.2 NAME	j		
STREET ADDRESS				3.3 STREET			
CITY-ST-ZIP	-		DELETE	3.4. CITY-S	1-7IP		
TITLE			☐ DELETE	4.1 TITLE		Change Additi	ion
NAME				4. 2 NAME			
STREET ADORESS				4.3 STREET	ADDRESS	i i	ľ
CITY-ST-ZIP		 .	- Section	4.4 CITY-S	T - ZIP		
TITLE			DELETE	5.1 TITLE		Change Additi	10N
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET	address	f	
CITY-ST-ZIP			DECES:	5.4 CITY-S	7-71P		_
TITLE			DELETE	6.1 TITLE		Change Additi	(On
NAME				6.2 NAME			
STREET ADDRESS				6.3 \$1REET			
CITY-ST-ZIP				6.4 CITY-S	I-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.

IONATURE TO DE LA PORTE

2-11-91