

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K66587 (2)

1. Corporation Name  
FABRICATION ANALYSIS CONSTRUCTION TEAM, INC. OF  
FLORIDA



Principal Place of Business  
1915 U.S. HIGHWAY 27 NORTH  
DAVENPORT FL 33837

Mailing Address  
1915 U.S. HIGHWAY 27 NORTH  
DAVENPORT FL 33837

3. Date Incorporated or Qualified  
02/17/1989

3a. Date of Last Report  
05/01/1995

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

4. FEI Number  
75-1990609

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution \$5.00

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETRAITIS WILLIAM  
2622 BRIDLE DR  
PLANT CITY FL 33566

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

1 D ☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
1915 U.S. HWY 27 NORTH  
DAVENPORT FL

2 D ☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
2622 BRIDLE DR.  
PLANT CITY FL

3 D ☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
4230 MAHOGANY RUN  
WINTER HAVEN FL

4 ☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5 ☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6 ☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1 1 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

2 1 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

3 1 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

4 1 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

5 1 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

6 1 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

☐ Change ☐ Addition

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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 119.07(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: *Vaughn E. Wilburn* VAUGHN E. WILBURN

3-8-96 (813) 424 3031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)