FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 11:46

DOCUMENT # K85404 (7)

1. Corporation Name
FAB-TECH INDUSTRIES OF BREVARD, INC.

Principal Place of Business	Mailing Address
515 GUS HIPP BLVD. ROCKLEDGE FL 32955	515 GUS HIPP BLVD. ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/03/1989
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2946517 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PRESNICK, DAVID M
96 WILLARD ST STE 302
COCOA FL 32922

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTSD	11 TITLE	☐ Change ☐ Addition
NAME	VELLUTO, JANE E.	12 NAME	
STREET ADDRESS	300 ARTEMIS BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	HUBER, KAREN L.	22 NAME	
STREET ADDRESS	641 SPRING LAKE DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HUBER, KARL M.	32 NAME	
STREET ADDRESS	641 SPRING LAKE DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HUBER, ROBERT A.	42 NAME	
STREET ADDRESS	300 ARTEMIS BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MANNING, GEORGE	52 NAME	
STREET ADDRESS	4349B QUAL RIDGE DR.	53 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	O'HALLORAN, JAMES P	62 NAME	
STREET ADDRESS	468 PLACE LANE	63 STREET ADDRESS	
CITY-ST-ZIP	WOBURN MA 01801	64 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 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.

SIGNATURE: Jane E. Velluto JANE E. VELLUTO 2-08-95 (407)633-6040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074006 CP