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 JAN 19 AM 8:59

DOCUMENT # **L51135** **(6)**

1. Corporation Name
FABEL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
% EDWARD A. STRACHAN 5385 DRAKE LANE MILTON FL 32570	% EDWARD A. STRACHAN 5385 DRAKE LANE MILTON FL 32570

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/14/1990**
3a. Date of Last Report: **01/25/1994**

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

4. FEI Number: **59-2992099** ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STRACHAN, EDWARD A.
5385 DRAKE LANE
MILTON FL FL 32570

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (If Business Agent, signature of officer or director) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	PST	71 TITLE	☐ Change ☐ Addition
NAME	STRACHAN, EDWARD A.	72 NAME	
STREET ADDRESS	5385 DRAKE LANE	73 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	74 CITY-ST-ZIP	
TITLE	VC	75 TITLE	☐ Change ☐ Addition
NAME	PRESTON, JOHN FOSTER	76 NAME	
STREET ADDRESS	5312 HAMILTON BRIDGE RD.	77 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	78 CITY-ST-ZIP	
TITLE	D	79 TITLE	☐ Change ☐ Addition
NAME	PRESTON, BETTY L.	80 NAME	
STREET ADDRESS	5312 HAMILTON BRIDGE RD.	81 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	82 CITY-ST-ZIP	
TITLE	D	83 TITLE	☐ Change ☐ Addition
NAME	STRACHAN, ELIZABETH B.	84 NAME	
STREET ADDRESS	5385 DRAKE LANE	85 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	86 CITY-ST-ZIP	
TITLE	D	87 TITLE	☐ Change ☐ Addition
NAME	JORDAN, A BRIAN	88 NAME	
STREET ADDRESS	1100 MONICETO BLVD	89 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	90 CITY-ST-ZIP	
TITLE		91 TITLE	☐ Change ☐ Addition
NAME		92 NAME	
STREET ADDRESS		93 STREET ADDRESS	
CITY-ST-ZIP		94 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is substantially identical to that required to be reported for the preceding calendar year and that such information is accurate and that any 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: Edward A Strachan (Signature of a New Officer or Director required if Block 13 is changed, added or deleted) OFFICER OR DIRECTOR — 1-12-95 — 904 623 6537

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