

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N95000005460 (9)**

1. Corporation Name

**FAB TAM, INC.**



Principal Place of Business

Mailing Address

**2242 WEST 30TH STREET  
JACKSONVILLE FL 32203**

**POST OFFICE BOX 2520  
JACKSONVILLE FL 32203**

2. Principal Place of Business

2a. Mailing Address

**21 2150 Spencer Rd. 17-A**

**26 P.O. Box 2520**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**23 Orange Park FL**

**28 Jacksonville FL**

Zip Country

Zip Country

**24 32073 25 Clay**

**29 32203 30 Duval**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BURGHARDT WILLIAMS, G. EVERETT I  
4161 CARMICHAEL AVENUE  
SUITE 208  
JACKSONVILLE FL 32207**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Mark Cuyler*

**N/A**

**6-24-96**

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **CUYLER, MARK**  
STREET ADDRESS **POST OFFICE BOX 9153 N/A**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME **mark Cuyler**  
1.3 STREET ADDRESS **2150 Spencer Rd. # 17-A**  
1.4 CITY-ST-ZIP **Orange Park FL 32073**

TITLE **D** ☐ DELETE  
NAME **MILLER, GREG**  
STREET ADDRESS **7033 SWAMP FLOWER DRIVE, N.**  
CITY-ST-ZIP **JACKSONVILLE FL 32244**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **SMITH, STANLEY**  
STREET ADDRESS **POST OFFICE BOX 17064 N/A**  
CITY-ST-ZIP **JACKSONVILLE FL 32245**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Mark Cuyler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-24-96**

Date

**904 276 6566**

Daytime Phone #

CR2E037 (12/95)