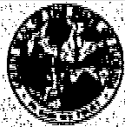


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # P92000012887 (5)**

1. Corporation Name

FERBER FABRICATORS, INC.

Principal Place of Business

**4121 EVERGREEN AVE
JACKSONVILLE FL 32206-1530**

Mailing Address

**P.O. BOX 20089
JACKSONVILLE FL 32226-8069****APPROVED
AND
FILED**
95 APR 28 AM 10:24**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/14/1992	3a. Date of Last Report 03/22/1994
4. FEI Number 59-3154787	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. 190.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business

21
Suits, Apt. #, etc.**22**
City & State**23**
Zip**25**
Country

2a. Mailing Address

26
Suits, Apt. #, etc.**27**
City & State**28**
Zip**30**
Country

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

9. Name and Address of Current Registered Agent

**FERBER, GEORGE A
4121 EVERGREEN AVE
JACKSONVILLE FL 32206**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	FERBER, GEORGE A
STREET ADDRESS	4121 EVERGREEN AVENUE
CITY - ST - ZIP	JACKSONVILLE FL 32206-1530
TITLE	V
NAME	MASON, LANA F
STREET ADDRESS	4121 EVERGREEN AVENUE
CITY - ST - ZIP	JACKSONVILLE FL 32206-1530
TITLE	V
NAME	BRATHUNE, CAROL F
STREET ADDRESS	4121 EVERGREEN AVENUE
CITY - ST - ZIP	JACKSONVILLE FL 32206-1530
TITLE	P
NAME	FERBER, FRANCES H
STREET ADDRESS	4121 EVERGREEN AVENUE
CITY - ST - ZIP	JACKSONVILLE FL 32206-1530
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-95
Date**904 3523042**
Telephone Number