

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 # P92000012887 (5)

1. Corporation Name

FERBER FABRICATORS, INC.



Principal Place of Business

4121 EVERGREEN AVE
JACKSONVILLE FL 32206-1530

Mailing Address

P.O. BOX 26069
JACKSONVILLE FL 32226-6069

2. Principal Place of Business

2a. Mailing Address

21 4121 Evergreen Ave.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Jacksonville, FL

28

Zip

32206

Country

Duval

29

Zip

Country

24

32206

Country

Duval

29

Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/14/1992

3a. Date of Last Report

04/28/1995

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 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

FERBER, GEORGE A
4121 EVERGREEN AVE
JACKSONVILLE FL 32206

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

TITLE S
NAME FERBER, GEORGE A
STREET ADDRESS 4121 EVERGREEN AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32206-1530

☐ DELETE

TITLE V
NAME MASON, LANA F
STREET ADDRESS 4121 EVERGREEN AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32206-1530

☐ DELETE

TITLE V
NAME BRATHUNE, CAROL F
STREET ADDRESS 4121 EVERGREEN AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32206-1530

☐ DELETE

TITLE P
NAME FERBER, FRANCES H
STREET ADDRESS 4121 EVERGREEN AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32206-1530

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

(904) 356-3042

Date

Daytime Phone #

CR2E034 (12/95)