

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

APPROVED  
AND  
FILED

95 APR 21 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000053148 (1)**

1. Corporation Name

**FABCON INTERNATIONAL, INC.**

Principal Place of Business

10207 S INDIAN RIVER DR  
FORT PIERCE FL 34982  
US

Mailing Address

10207 S INDIAN RIVER DR  
FORT PIERCE FL 34982  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/26/1993

3a. Date of Last Report

04/28/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

HATKINS, JUDITH L  
10207 S INDIAN RIVER DR  
FORT PIERCE FL 34982

81 Name

WATKINS, JUDITH L.

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 relocating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
GOLL, FRANK T  
415 NW 109TH AVE  
PEMBROKE FL 33028

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
WATKINS, WILLIAM W  
2081 SE ELLINGTON TER  
PORT ST LUCIE FL 34952

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
WATKINS, JUDITH L  
2081 SE ELLINGTON TER  
PORT ST LUCIE FL 34952

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

☒ Change ☐ Addition

10207 S. INDIAN RIVER DR  
FT PIERCE FL 34982

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

☒ Change ☐ Addition

10207 S. INDIAN RIVER DR  
FT PIERCE FL 34982

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

☐ 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)(b), 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, as applicable, or in an addendum with an address.

SIGNATURE:

WILLIAM W. WATKINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95 467.300 3601