FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000055345 (1)

FREEDOM FABRICATION INC.

Side Number 1,000								
## NAME FL 32331 PROVIDED BY A STREET ADDRESS BANANN FL 323331 1209 2. Principal Place of Rusiness 2a. Mailing Address 4. FET Number 2. Applied for Not Applicable 5. Certificate of Status Peaker 506, Apt. 4, etc. 5. Certificate of Status Peaker 5. Certificate Peaker	Principal Place of Business Mailing Address) reasteat tin reide fisti estit gett. Get	H MANNI MITAN MICAN HINLI MI	001 Ditt 1001
Country Zep Country Zep Country Zep								
Suite, Apl. #, etc. Suite,						08/06/1993		
Suite, Apil #, etc. Suite, Apil #, etc. Suite, Apil #, etc. Sc. Certificate of Status Desired S\$0.75 Additional Unity S\$0.00 May Be Added to Fees Pequilities S\$0.00 May Be Added to Fees	······ '	lace of Business	├ ¬				 	1.1
City & Status City &		4 oto		************		59-3195701		
City & State		#, etc.				5. Certificate of Status Desired		
Zip				. 1		8 Flection Campaign Financing	······································	
Zip			28	٦ -				
Section Sect	Ζιρ	Country Zip		Country		8. This corporation has liability for i		
WICKMAN, ANTHONY P 815-B N MAIN ST HAVANA FL 32333 84 City 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 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, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature bynation procedure of registered agent and five Peopletake 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTE MME MICKMAN, ANTHONY P. 12 NAME 13 SIRRET ADDRESS CITY ST- ZIP TALLAHASSEE FL DELETE 1 AUTY-ST- ZIP ITHE DELETE 1 STIRRET ADDRESS 2 STREET ADDRESS 3 STREET ADDRESS 3 STREET ADDRESS 3 STREET ADDRESS 4 STREET ADDRESS 5 STREET	24			0				· · · · · · · · · · · · · · · · · · ·
### NOTE: Registered Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ### City ### City ### City ### City ### City ### City ### City ### City ### City ### City ###			ent Registered Agent		T-11	10. Name and Address of New Re	pistered Agent	
HAVANA FL 32333 63				8	I Name			
### City ### City ####################################				8	2 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
### City ### FL B5 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 agent. I are familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature byted or princet harm'of requisered agent and five Purplicable NOTE, Registered Agent Bignature required when reintilating) DATE 12.	HA\	VANA FL 32333	:	ļ				
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 agent. I and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THLE DWICKMAN, ANTHONY P. \$11 DELORES DRIVE 1.3 STREET ADDRESS CITY-S1-ZIP THLE DELETE 1.4 CITY-S1-ZIP THLE DELETE 2.3 STREET ADDRESS CITY-S1-ZIP THLE DELETE 3.1 TITLE DELETE 3.1 TITLE Addition NAME SPREET ADDRESS CITY-S1-ZIP THLE DELETE 3.1 TITLE Addition AMME SPREET ADDRESS CITY-S1-ZIP THLE DELETE 3.1 TITLE Addition AMME SPREET ADDRESS CITY-S1-ZIP THLE DELETE 3.1 TITLE Addition Addition Addition AMME SPREET ADDRESS CITY-S1-ZIP THLE DELETE 3.1 TITLE Addition Addition Addition AMME SPREET ADDRESS STREET A				18.	1			ŀ
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 powled registered agent and to pit applicable. (NOTE Registered Agent algebraic required when reinitating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THILE NAME SIREET ADDRESS CITY-ST-ZIP THE DELETE 1.4 CITY-ST-ZIP THE DELETE 2.1 TITLE Addition NAME SIREET ADDRESS CITY-ST-ZIP THE DELETE 3.1 TITLE DELETE 3.1 TITLE Change Addition Addition NAME SIREET ADDRESS CITY-ST-ZIP THE DELETE 3.1 TITLE Change Addition Addition NAME SIREET ADDRESS CITY-ST-ZIP THE DELETE 3.1 TITLE Change Addition Addition NAME SIREET ADDRESS CITY-ST-ZIP THE DELETE 4.1 TITLE Change Addition Addition NAME SIREET ADDRESS CITY-ST-ZIP THE DELETE 4.1 TITLE Change Addition Addition NAME SIREET ADDRESS CITY-ST-ZIP THE DELETE 4.1 TITLE Change Addition Addition NAME SIREET ADDRESS CITY-ST-ZIP THE DELETE 4.1 TITLE DELETE 4.1 TITLE Change Addition				ē.	City		FL 85 Zip	Code
agent. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or posited name of tregusered agent and the Pt applicable. (NOTE Regusered Agent algebraive required when rainstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TILLE D	11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	s, the abo	ve-named cor	poration submits this statement for the p	urpose of changing	its registered
Signature typed or profed page and act or if applicable MOTE Registered Agent signature required when reinstating) DATE	agent. La	in familiar with, and accept the obt	ligations of, Section 607.0505, Flor	ida Statut	98.	tions board or directors. Thereby accep	и ине арропинения	s registered
TITLE	SIGNATURE	Signature typed or printed name of rugs seried i	agent and litre it applicable (NOTE	Registered A	gent signature requ	red when reinslating)	DATE	
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE DELETE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Addition 3.2 NAME STREET ADDRESS CITY-ST-ZIP DELETE 3.3 STREET ADDRESS CITY-ST-ZIP DELETE 3.4 CITY-ST-ZIP TITLE DELETE 3.5 STREET ADDRESS CITY-ST-ZIP DELETE 3.6 CITY-ST-ZIP TITLE DELETE 3.7 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.8 STREET ADDRESS 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME STREET ADDRESS 4.3 STREET ADDRESS 4.3 STREET ADDRESS	12.	OFFICERS A		13.		ADDITIONS/CHANGES TO OFFIC		
STREET ADDRESS STREET ADDRESS 1.8 STREET ADDRESS 1.4 CITY-ST-ZIP	TITLE		☐ DELETE	1.1 TITLE			L Change	☐ Addition
TALLAHASSEE FL	NAME			1.2 NAMI	:	•		
TITLE	STREET ADDRESS			1.3 STRE	ET ADDRESS			,
NAME		TALLAHASSEE FL	DOLETO				[] 65	1 2200-2
STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			L_J UELEIE		1		L Change	Addillon
CITY - ST - ZIP	!				- 1			
TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME					}	e de la companya de	ه المقاد	
NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS C*TY+ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STHEET ADDRESS 4.3 STREET ADDRESS		, MI. S. I / S. M	DFLETE				Change	Addition
STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition Addit	1		hand provide					***************************************
C-TY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS								
TITLE DELETE 4.1 TITLE Change Addition NAME STREET ADDRESS 4.3 STREET ADDRESS					1			
STHEET ADDRESS 4.3 STREET ADDRESS			☐ DELETE				Change	Addition
	NAME			4. 2 NAM	E			
■	STREET ADDRESS			4.3 STRE	ET ADDRESS			
	C-TY - ST - 7/P			4.4 CITY	-ST-ZIP			
TITLE DELETE 5.1 TITLE Change Addition	TITLE		☐ DELETE	5.1 TITLE			L Change	. L. Addition
NAME 5.2 NAME	NAME			5.2 NAM				
STREET ADDRESS 5.3 STREET ADDRESS	STREET ADDRESS			5.3 STRE	ET ADORESS			
City - St- ZiP 5.4 City - St- ZiP			T eriett					[] A 1416
TITLE DELETE 6 1 TITLE Change Addition			L_J DELETE				L Change	Addition
6.2 NAME					ı			· \
STREET ADDRESS . 6.3 STREET ADDRESS .					- 1			
Crty-St-ZIP 6.4 City-St-ZIP 6.4 City-St-ZIP 6.4 City-St-ZIP 7.4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the		by cortify that the information core	lad with this films does not muslifu			d in Section 119 07/3Vi). Florida Statute	s. I further certify the	at the

SIGNATURE: ...

Anthony P. Wickman 2597 (904)534

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 13 if changed, or on an attachment with an address.

FILED

Feb 12 1997 8:00am

Secretary of State

î îndifikalî elk lerdê dirir ûnîjî dêlir ûnilê delir dirin dirin ûjinê bilir ûfûlê dirin ûjel hili