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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

4/28/97

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000019770 (4)

BEST FABRICATIONS, INC.

Principal Place of Business Mailing Address 4810 HANCOCK LANE ROAD P.O. BOX 1355 HIGHLAND CITY FL 33846-1355 HIGHLAND CITY FL 33846 3. Date incorporated or Qualified 3a. Date of Last Report 03/10/1994 04/11/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3228654 Not Applicable 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No 29 Florida Statutes 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MARTIN. E S JR. 200 LAKE MORTON DRIVE Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33801 83 84 City 85 Zio 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 DATE (NOTE Registered Agent signature required when reinstating) (96/6)12. OFFICERS AND DIRECTORS 13. DELETE CD **X** Change Addition TITLE 1.11000 RUYS, NICHOLAS G NAME 12 NAME 4810 HANCOCK LAKE ROAD 1.3 STREET ADDRESS STREET ADDRESS HIGHLAND CITY FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 THLE TITLE RUYS, JOAN P 2.2 NAME NAME 4810 HANCOCK LAKE ROAD STREET ADDRESS 2.3 STREET ADDRESS HIGHLAND CITY FL 2, 4 CITY - S1 - ZIP CITY-ST-ZIP DELETE PD Change Addition TITLE 3.1 TITLE REEVES, CHRISTOPHER J. HISTO HANCOCK LAKE ROAD NAME STREET ADDRESS 3.3 STREET ADDRESS HIGHLAND CITY, FL 33846 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITEF 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-S1-ZIP CITY-ST-ZIP DELETE Change Addition 51 DILE TITLE NAME 5,2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 61 THE TITLE NAME 6,2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. 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 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 dorporation or the recovery or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Bloc