

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
 04-24-2000 90077 047 ***150.00

DOCUMENT # P95000004856

1. Entity Name

SOUTHERN FABRICATION, INC.

Principal Place of Business

7775-1 RAMONA BLVD. WEST
 JACKSONVILLE FL 32221

Mailing Address

7775-1 RAMONA BLVD. WEST
 JACKSONVILLE FL 32221-3452

2. Principal Place of Business

6555 GRACE LANE
 Suite, Apt. #, etc.

3. Mailing Address

6555 GRACE LANE
 Suite, Apt. #, etc.

City & State

Jacksonville FL
 Zip **32205** Country

City & State

Jacksonville FL
 Zip **32205** Country

4. FEI Number

59-3293407

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

EVANS, SARAH G
7775-1 RAMONA BLVD. WEST
JACKSONVILLE FL 32221

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6555 GRACE LANE
 City **Jacksonville** **FL** Zip Code **32205**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	EVANS, SARAH G
STREET ADDRESS	7775-1 RAMONA BLVD. WEST
CITY-ST-ZIP	JACKSONVILLE FL 32221
TITLE	D <input type="checkbox"/> Delete
NAME	EVANS, RANDOLPH T
STREET ADDRESS	7775-1 RAMONA BLVD. WEST
CITY-ST-ZIP	JACKSONVILLE FL 32221
TITLE	D <input type="checkbox"/> Delete
NAME	EVANS, R T JR.
STREET ADDRESS	7775-1 RAMONA BLVD. WEST
CITY-ST-ZIP	JACKSONVILLE FL 32221
TITLE	D <input type="checkbox"/> Delete
NAME	BROGDEN, ANN H
STREET ADDRESS	7775-1 RAMONA BLVD. WEST
CITY-ST-ZIP	JACKSONVILLE FL 32221
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6555 GRACE LANE
STREET ADDRESS	Jacksonville FL 32205
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6555 GRACE LANE
STREET ADDRESS	Jacksonville, FL 32205
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6555 GRACE LANE
STREET ADDRESS	Jacksonville, FL 32205
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6555 GRACE LANE
STREET ADDRESS	Jacksonville, FL 32205
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
T. Evans

4/19/00

(904) 781-8227

Date

Daytime Phone #

CR2E034 (9/99)