2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000004856

Entity Name: SOUTHERN FABRICATION, INC.

FILED Jan 06, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6555 GRACE LANE JACKSONVILLE, FL 32205 **Current Mailing Address: New Mailing Address:** 6555 GRACE LANE JACKSONVILLE, FL 32205 FEI Number: 59-3293407 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EVANS, SARAH G 6555 GRACE LANE JACKSONVILLE, FL 32205 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition EVANS, SARAH G Name: Name: 6555 GRACE LANE Address: Address: City-St-Zip: JACKSONVILLE, FL 32205 City-St-Zip: Title: Title: () Delete () Change () Addition Name: EVANS, RANDOLPH T Name: 6555 GRACE LANE Address: Address: JACKSONVILLE, FL 32205 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition EVANS, RTJR. Name: Name: 6555 GRACE LANE Address: Address: City-St-Zip: JACKSONVILLE, FL 32205 City-St-Zip: Title: CFO () Delete Title: () Change () Addition BISH, DALE E Name: Name: Address: 3640 NEWCOMB RD. UNIT 121 Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: Title: Title: () Delete () Change () Addition ROBERTS, JAMES B Name: Name: 2943 DAKOTA DR. Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DALE E BISH CFO 01/06/2003

City-St-Zip:

ORANGE PARK, FL 32065