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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000029771 (8)

D.R. FABBRO, INC.

FILED Feb 25 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1209 GUNBY AVENUE PO BOX 26034 TAMPA FL 33606 **TAMPA FL 33623** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/01/1996 Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0655537 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 26 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LANE, WILLIAM R JR. 501 EAST KENNEDY BLVD. STE 1400 -Street Address (P.O. Box Number is Not Acceptable) 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, is 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 faithful a with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1 1 TITLE Change Addition FABBRO, DANTE R NAME 1.2 NAME 1209 GUNBY AVENUE STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33606** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 21 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 City-St-ZiP DELETE Addition Change TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. 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 annual report or suppliemental 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 of 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 if changed,

FABBO

CICNATURE:

B13-876-455