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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600034605 (1)

ERIC W. FAUBLE, INC.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Principal Place of Business 3417 QUEENS COVE COURT 3417 QUEENS COVE COURT WINTER HAVEN FL 33880 WINTER HAVEN FL 33880 3a. Date of Last Report 3. Date Incorporated or Qualified 04/17/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-332239 21 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Žip Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FAUBLE, ERIC W 3417 QUEENS COVE COURT 82 Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN FL 33880 83 84 City 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, 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 registured agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS (96/6) 13. ☐ DELETE Change Addition TITLE 1.1 TITLE FAUBLE, ERIC W NAME 1.2 NAME 3417 QUEENS COVE COURT STREET ADDRESS 1.3 STREET ADDRESS WINTER HAVEN FL 33880 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAM6 STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 3 1 111 LE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 34. CITY-ST-ZIP DELETE Addition Change TITLE 4 1 11TLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(1Y - S1 - 2(P Charige DELF1E Addition TITLE 5.17(1)[8 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY-ST-7/P

6.3 STREET ADDRESS

6.4 City-S1-ZiF

6.1 1ITLE

6.2 NAME

DELETE

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 eath; 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 12 or Block 13 if changed, or on an attachment with an address. SIGNA Thulade BILL SIGNATURE:

Addition

Change

FILED

May 13 1997 8:00am

Secretary of State