PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # **P96000037779**1. Corporation Name

CENTRAL FLORIDA FABRICATORS, INC.

| Principal Place of Business | Mailing Address |
|--|--|
| 106 COMMERCE STREET #107 LAKE MARY FL 32746 | 106 COMMERCE STREET #107 LAKE MARY FL 32746 |

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90117 026 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

04/30/1996

| 2 Principal Pl | lace of Business | 2a. Mailing Address | | | 4. FEI Number | TADI | olied For | |
|--|--|--|---|------------------------|--|-------------------|------------|------|
| · | 26 | | | | 59-3379441 | | Applicable | |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | | 4 | | \$8.75 A | dditional | |
| 22 | ,, 0.0. | 27 | | | 5. Certifcate of Status Desired | Fee Red | quired | |
| | Cur * | City & State | | | -6-Election Campaign Financing | \$5.00. | May.Be 👵 | |
| 23 | | 28 | | | Trust Fund Contribution | Added to | p Fees | |
| Zip | ` Country | Zip Country | | | 8. This corporation owes the current year Intangible | | | |
| 24 | 25 | 29 30 | | | Personal Property Tax. | | ☑No | |
| | 9. Name and Address of Curren | t Registered Agent | | | 10. Name and Address of New Registered | Agent | | |
| | | | 81 | Name | | | | |
| ADDISON, A C 106 COMMERCE STREET #107 | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | | | | LAKE |
| | | • | 04 | Cia. | | es Zin C | `ode | |
| | | | | 84 City FL 85 Zip Code | | | | |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Statutes, | the above | -named corpo | ration submits this statement for the purpose of | changing its | registered | |
| office or r | egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such change was auth | orizea by | ine corporation | n's board of directors. I hereby accept the appo | intment as reg | gisterea | |
| = | m ramiliar with, and accept the obliga | uona oi, occuon oor.voco, i ionde | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | • | | | | |
| SIGNATURE | Signature, typed or printed name of registered agen | at and title if applicable. (NOTE: Re- | gistered Agen | t signature required | when reinstating) DATE | | | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS A | | | |
| TITLE | Р | ☐ DELETE | 1.1 TITLE | 1/2 | > | ☐ Change | ☐ Addition | |
| NAME | ADDISON, LIBBY R. | | 1.2 NAME | | | | | |
| STREET ADDRESS | 900 ADIOS AVE. | | 1.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | MAITLAND FL | | 1.4 CITY-ST | r-ZIP | | | | |
| TITLE | VPS | ☐ DELETE | 2.1 TITLE | 100 | 5 | Change | ☐ Addition | |
| NAME | ADDISON, A.C. | | 2.2 NAME | | | | | |
| STREET ADDRESS | 900 ADIOS AVE. | · | 2.3 STREET | ADDRESS | | | | |
| | MAITLAND FL | | 2. 4 CITY-S | 1 | | | | |
| CITY-ST-ZIP | MAILOUID IE | _ DELETE | 3.1 TITLE | | | ☐ Change | ☐ Addition | |
| NAME | | | 3.2 NAME | | | | | |
| | | | 3.3 STREET | ADDRESS | | | | |
| STREET ADDRESS | | | 3.4. CITY-S | | | | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 4.1 TITLE | | | Change | Addition | |
| | | C) 5244 | 4.2 NAME | | | _ • | | |
| NAME OTREET ARRESSO | | | 4.3 STREET | ADDRESS | | | | |
| STREET ADDRESS | | | 4.4 CITY-ST | | • | | | |
| CITY-ST-ZIP | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | ☐ DELETE | 5.1 TITLE | 1- £.IP' | | Change | Addition | |
| TITLE | S | | 5.7 NAME | | | _ • | | |
| NAME | | | 5.3 STREET | ADDRESS | | | | |
| STREET ADDRESS | | | 5.4 CITY-ST | | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE | 1 4 1 | | ☐ Change | Addition | |
| TITLE | | רון מכניבוב | 6.2 NAME | | | | | |
| NAME | | | 6.3 STREET | , ADDOESS | | | | |
| STREET ADDRESS | 1 | | | | | | | |
| CITY-ST-ZIP | | | 6.4 CITY-S | | antion 440 07(2)(i) Florido Statutos I Sudhas as | etifu that the i | oformation | |
| 14. I hereby of | certify that the information supplied wi | th this filing does not qualify for th | e exempti | on stated in Si | ection 119.07(3)(i), Florida Statutes. I further ce | runy unat trie it | laman | |

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 at 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 with all other like empowered.