

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 17, 1998 8:00 am
Secretary of State

DOCUMENT # P96000056531 (2)

1. Corporation Name

FABER*FABER MARKETING, INC.

Principal Place of Business

**950-23 BLANDING BLVD NO. 111
ORANGE PARK FL 32065**

Mailing Address

**950-23 BLANDING BLVD NO. 111
ORANGE PARK FL 32065**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1996

4. FEI Number **59-3398462**

Applied For

APPLIED FOR

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**FAIRCHILD, RONALD D
1000 RIVERSIDE AVENUE
SUITE 500
JACKSONVILLE FL 32204**

10. Name and Address of New Registered Agent

81 Name **Robert C. Gobelman, Esquire**

82 Street Address (P.O. Box Number is Not Acceptable)
200 W. Forsyth Street, Suite 1700

83 **SunTrust Building**

84 City **Jacksonville**

FL

85 Zip Code
32202

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

ROBERT C. GOBELMAN
(NOTE: Registered Agent signature required when reinstating)

DATE

4-8-98

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **FAIRCHILD, RONALD D**
STREET ADDRESS **1000 RIVERSIDE AVENUE, SUITE 500**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **PD** ☐ DELETE
NAME **FABER, LEE**
STREET ADDRESS **950-23 BLANDING BLVD NO. 111**
CITY-ST-ZIP **ORANGE PARK FL 32065**

TITLE **SD** ☐ DELETE
NAME **TROMP, HILLARY**
STREET ADDRESS **950-23 BLANDING BLVD NO. 111**
CITY-ST-ZIP **ORANGE PARK FL 32065**

TITLE **D** ☐ DELETE
NAME **FABER, JOHN A**
STREET ADDRESS **950-23 BLANDING BLVD NO. 111**
CITY-ST-ZIP **ORANGE PARK FL 32065**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 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.

SIGNATURE:

Robert C. Gobelman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **904 215 0658**

CR2E034 (10/97)