FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

FILED May 01, 1996 08:00 AM

 Corporatio 	IMENT # S91 PRK FABRICATION, INC.	413 (2)		Secretary of State	
Principal Place	e of Business	Mailing Address		4 100%	ES HID BLOSS BIBIN DIGHT BIDIN OVON SION INDI
1600 HOMELAND GARFIELD ROAD PO BOX 33		PO BOX 333 Mulberry Fl 33860 Us			
6 Distributed				3. Date Incorporated or Qualified 11/01/1991	3a. Date of Las: Report 04/14/1995
21 26		2a. Mailing Address 26 PO Box 13	7	4. FEI Number 59-3090086	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	\$5.00 May Bo
23 Zip	Country	28 Homeland,	FL Country	Trust Fund Contribution	Added to Fees
24	25	29 33847	30 USA	8. This corporation has liability for in Florida Statutes Yes	
	9. Name and Address of Cu	rrent Registered Agent	81 Name	10. Name and Address of New Ro	egistered Agent
CLARK, JAMES R. JR. 2401 JIM JOHNSON ROAD PLANT CITY FL 33566				82 Street Address (P.O. Box Number is Not Acceptable)	
I DAMI	OH 1 FE 33300		83		
			84 City		FL 85 Zip Code
 Pursuant t or register familiar wit 	to the provisions of Sections 607.0 ed agent, or both, in the State of F th, and accept the obligations of, S	602 and 607.1508, Florida Statutes Ilorida. Such change was authorize Section 607.0505, Florida Statutes.	s, the above-named corpo d by the corporation's boa	ration submits this statement for the purp rd of directors. I hereby accept the appo	······································
SIGNATURE					
12.	Signature, typed or printed name of registered a OFFICERS	igent and title if applicable. (NOTI AND DIRECTORS	Registered Agent signature require 13.		DATE
TITLE	DP	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change: Addition
NAME	CLARK, JAMES R. JR.		12 NAME		T oughth: T vantant
STREET ADDRESS	2401 JIM JOHNSON RO	AD	1.3 STREET ADDRESS		
CHY-SI-ZIP	PLANT CITY FL		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2. 1 TITLE		Change: Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		ľ
CITY-ST-ZIP		FILDELETE	24 CHTY-ST-ZIF		
NAME		☐ DELETE	3. 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			3.2 NAME		
CITY-S1-ZIP			3.3. STREET ADDRESS		
TITLE		☐ DELETE	3.4 CITY - ST - ZIP 4.1 TITLE		
NAME			4.2 NAME		☐ Change ☐ Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 11Y-ST-ZIP		
TILLE		☐ DELETE	5. 1 TLE		Change Addition
NAME			5.2 ME		Francis Francisco
STREET ADDRESS			5.3 REET ADDRESS		
CITY-ST-ZIP			5.4 C 1Y-ST-ZIP		
TITLE		DELETE	6. 1 TITLE		Change Addition
NAME			6 2 NAME		_
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP					

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 appears in Block 12 or Block 13 if changed, or on an attachment with an orderes.

SIGNATURE: //ames

James R. Clark Jr. 4-26-96
Danie Phone