

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

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V66882
1. Corporation Name
CONTINENTAL FABRICATORS, INC.

(4)



Principal Place of Business
925 WEBB RD.
JACKSONVILLE FL 32218

Mailing Address
925 WEBB RD.
JACKSONVILLE FL 32218

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1992

2. Principal Place of Business

2a. Mailing Address

21 13609 N. MAIN ST.

26 P.O. BOX 28368

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3144305

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

22 City & State

23 JACKSONVILLE FL.

Zip

24 32218

Country

25 DUVAL

27 City & State

28 JACKSONVILLE FL.

Zip

29 32218

Country

30 DUVAL

9. Name and Address of Current Registered Agent

FITZPATRICK, EUGENE C.
925 WEBB RD.
JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent

81 Name

FITZPATRICK, EUGENE C.

82 Street Address (P.O. Box Number is Not Acceptable)

13609 N. MAIN ST.

83

84 City

JACKSONVILLE

FL

85 Zip Code

32218

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

EUGENE FITZPATRICK PRESIDENT

1/13/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPV
FITZPATRICK, EUGENE C.
925 WEBB RD.
JACKSONVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
FITZPATRICK, EUGENE C.
925 WEBB RD.
JACKSONVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
DPV
FITZPATRICK, EUGENE C.
13609 N. MAIN ST.
JACKSONVILLE FL

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
ST
FITZPATRICK, EUGENE C.
13609 N. MAIN ST.
JACKSONVILLE FL

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

EUGENE FITZPATRICK

1/13/98

CR2E034 (10/97)