

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 849633 (3)**

1. Corporation Name  
**FABCO-AIR, INC.**

Principal Place of Business      Mailing Address  
**3716 NE 49TH ROAD      3716 NE 49TH ROAD  
GAINESVILLE FL 32609      GAINESVILLE FL 32609**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/06/1981</b>		3a. Date of Last Report <b>03/04/1994</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>59-2118021</b>		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			<b>FL</b>

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 agent 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHMIDT, WILLIAM R</b>	1.2 NAME	
STREET ADDRESS	<b>3716 NE 49TH RD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GAINESVILLE, FL 0</b>	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STUBBS, MICHAEL B</b>	2.2 NAME	
STREET ADDRESS	<b>345 PARK AVE., 23RD FL.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK, NY 0</b>	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARKS, PIERCE JR.</b>	3.2 NAME	
STREET ADDRESS	<b>133 PEACHTREE ST., #4710</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTA, GA 0</b>	3.4 CITY - ST - ZIP	
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHMIDT, ALFRED W</b>	4.2 NAME	
STREET ADDRESS	<b>3716 NE 49TH RD</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GAINESVILLE, FL 0</b>	4.4 CITY - ST - ZIP	
TITLE	STD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDWARDS, WARD</b>	5.2 NAME	
STREET ADDRESS	<b>133 PEACHTREE ST., #4710</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTA, GA 0</b>	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RILEY, WILLIAM</b>	6.2 NAME	
STREET ADDRESS	<b>745 5 AVE #1803</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK, NY 0</b>	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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; the resolver 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 in this filing.

SIGNATURE: \_\_\_\_\_ **3/17/95 404 577-6530**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Type in Name)