

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G59017** (5)

1. Corporation Name
FABCO METAL PRODUCTS, INC.



Principal Place of Business: **1490 FRANCES DR DAYTONA BEACH FL 32124**
Mailing Address: **1490 FRANCES DR DAYTONA BEACH FL 32124**

3. Date Incorporated or Qualified: **09/12/1983**
3a. Date of Last Report: **01/19/1995**
4. FEI Number: **59-2328883**
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 has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent
**VAUGHN, SAMMY C
1490 FRANCES DR
DAYTONA BEACH FL 32124**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: **PS** DELETE
NAME: **VAUGHN, SAMMY C**
STREET ADDRESS: **100 MERGANSER CIRCLE**
CITY- ST- ZIP: **DAYTONA, FL 00000**

TITLE: **VPT** DELETE
NAME: **VAUGHN, DIANE B**
STREET ADDRESS: **100 MERGANSER CIRCLE**
CITY- ST- ZIP: **DAYTONA, FL 00000**

TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY- ST- ZIP: _____

TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY- ST- ZIP: _____

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 checked, or on an attachment with an address.

SIGNATURE: *By: Sammy C. Vaughn* **1-17-96** **904-252-3750**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #

CR2E034 (12/95)