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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J39685

1. Corporation Name

FABIAN-NAPOLITANO CONSTRUCTION CO.

Principal Place	e of Business	Mailing Addre	ess			_))	01) 01011 1601
1416 SE 39TH	СТ	1416 SE 39TH	CT				1			
OCALA FL 34471		OCALA FL 32670				DO NOT WRITE	E IN THIS (SDACE		
U\$		US					Do NOT WRITE 3. Date Incorporated or Qualifed	E IN THIS	J-AUL	
							10/28/1986			ĺ
2 Principal D	In a of Business	2a. Mailing Ad	ddrass			_	4. FEI Number		Anr	olied For
	lace of Business	— <u> </u>	101622				59-2731274		h	Applicable
21		26 Suite, Apt	# oto			_	39-2/3/2/4		\$8.75 A	
Suite, Apt.	#, etc.		. #, 810.				5. Certifcate of Status Desired		Fee Rec	
City & Stat		27 City & Sta		_			6 Clastica Compaign Financing		\$5.00	`
City & State	e	<u> </u>	NO.				6. Election Campaign Financing Trust Fund Contribution		Added to	
Zip	Country	Zip		Countr	····		8. This corporation owes the curre	nt voor Into		71 000
		\ <u>-</u>	36	¬ '	,		Personal Property Tax.	iii year iiila		□No
24	9. Name and Address of Curr	29	<u>-</u> -	<u> </u>			10. Name and Address of New Re	aistered A		
	9. Name and Address of Curi	ent Negistered Agei		81	ΙN	ame	10. Manie dild / Lancoo of the first	<u> </u>		
SIMO	ONS, GARY C.									
	NW 3RD ST			82	≥∣S	treet Addre	ess (P.O. Box Number is Not Acceptate	ole)		Ì
	LA FL 32671			83	+					
007	EA 1 5 0201 1			0.	'					
				84	ı c	ity		E1	85 Zip C	ode
								<u>FL</u>		
11. Pursuant	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	i502 and 607.1508, Fl ite of Florida. Such ch	lorida Statutes, iange was auth	, the abou norized by	ve-na v the	med corpo corporation	ration submits this statement for the parties board of directors. I hereby accept	the appoin	manging its tment as reg	istered
agent. I a	m familiar with, and accept the obli	igations of, Section 60	37.0505, Florid	a Statute	S.	•	•	, -		
SIGNATURE										
	Signature, typed or printed name of registered a		(NOTE: Re		ent sigi	nature required	when reinstating)	DATE AND	DIRECTO	OC IN 12
12.	,	AND DIRECTORS	l or: ETF	13.			ADDITIONS/CHANGES TO OFF	ICERS ANI	☐ Change	Addition
TITLE	OP	<u> </u>] DELETE	1.1 TITLE						
NAME	NAPOLITANO, JOHN G.			1.2 NAME						
STREET ADDRESS	1416 SE 39TH CT			1,3 STREE		RESS				
CITY-ST-ZIP	OCALA FL			(,0 0 ,1 1.2.2	E I AUL					
TITLE	I DST		1	1,4 CITY-					Character 1	(T) Addition
NAME			DELETE						Change	Addition
	Fabian, John E., Jr] DELETE	1,4 CITY-	ST-ZIF				Change	☐ Addition
STREET ADDRESS	100 05 1000 115	<u> </u>] DELETE	1,4 CITY-5 2,1 TITLE	ST-ZIF				Change	Addition
				1,4 CITY-S 2,1 TITLE 2,2 NAME	ST-ZIF	RESS				
STREET ADDRESS	405 SE 43RD AVE		DELETE	1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE	ST-ZIF	RESS	·		☐ Change	☐ Addition
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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR