

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000149551

**Entity Name:** MABE PRODUCTION AND INSTALLATION, INC.

**Current Principal Place of Business:**

924 FAIRLANE DR., UNIT 2  
LAKELAND, FL 33809

**Current Mailing Address:**

924 FAIRLANE DR., UNIT 2  
LAKELAND, FL 33809

**FEI Number:** 84-1720664

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MABE, LORRAINE  
3954 DERBY DR.  
LAKELAND, FL 33809 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	V	Title	P
Name	MABE, BEAUFORD HJR.	Name	MABE, LORRAINE
Address	3954 DERBY DR.	Address	3954 DERBY DR.
City-State-Zip:	LAKELAND FL 33809	City-State-Zip:	LAKELAND FL 33809
Title	SECRETARY		
Name	MABE, ANDREW		
Address	924 FAIRLANE DR., UNIT 2		
City-State-Zip:	LAKELAND FL 33809		

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LORRAINE MABE

**PRESIDENT**

**01/12/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date