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Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **363309** **(6)**

1. Corporation Name
FAIRWAY MOTORS, INC.

Principal Place of Business	Mailing Address
3923 U S 19 NEW PORT RCHY FL 34652	3923 U S 19 NEW PORT RCHY FL 34652-6155

3. Date Incorporated or Qualified: 04/29/1970
3a. Date of Last Report: 04/23/1996

2. Principal Place of Business
21: 14240 Cortez Blvd.
22: Suite, Apt. #, etc.
23: City & State: Brooksville Florida
24: Zip: 34613
25: Country: U.S.A.

2a. Mailing Address
26: 14240 Cortez Blvd
27: Suite, Apt. #, etc.
28: City & State: Brooksville Florida
29: Zip: 34613
30: Country: U.S.A

4. FEI Number: 59-1297983 ☐ 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 has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

FERNALD, LOUIS R.
3923 US 19
NEW PORT RCHY FL 34652

10. **Name and Address of New Registered Agent**

81 Name: Louis R FERNALD
82 Street Address (P.O. Box Number is Not Acceptable): 10504 [redacted] Happy Hollow Ave.
83:
84 City: Odessa FL 85 Zip Code: 33556

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: [signature] Louis R. FERNALD President 3/28/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FERNALD JR,JAMES		1.2 NAME	
STREET ADDRESS	8816 ROBERTS RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL		1.4 CITY-ST-ZIP	
TITLE	ST	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FERNALD,LUCILLE		2.2 NAME	
STREET ADDRESS	491 BERNICE BOULEVARD		2.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FERNALD, LOUIS		3.2 NAME	
STREET ADDRESS	10405 HAPPY HOLLOW AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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. Pres

SIGNATURE: [signature] Louis R FERNALD 3/31/97 (813) 547-0035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #