

21-14-97 B-4555 NC
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Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 658825 (5)
1. Corporation Name
FAIRCHILD, ADDISON AND HARRELL INSURANCE, INCORPORATED

Principal Place of Business
310 W. HUGHES STREET
P.O. DRAWER 1028
BRANDON FL 33509-8028

Mailing Address
310 W. HUGHES STREET
P.O. DRAWER 1028
BRANDON FL 33509-1028



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/11/1980		3a. Date of Last Report 04/22/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1976079		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

FAIRCHILD, FRANK JAMES
5305 ROBERTA LANE
TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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, 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	PC ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FAIRCHILD, FRANK JAMES	1.2 NAME	
STREET ADDRESS	5305 ROBERTA LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HARRELL, JAMES ALVIN	2.2 NAME	
STREET ADDRESS	1604 W. BEARSS AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	
TITLE	V ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ADDISON, ROBERT LEE	3.2 NAME	
STREET ADDRESS	9508 ALICE LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	RIVERVIEW FL	3.4 CITY - ST - ZIP	
TITLE	S ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MCKONE, ELIZABETH	4.2 NAME	
STREET ADDRESS	8208 78TH STREET SOUTH	4.3 STREET ADDRESS	
CITY - ST - ZIP	RIVERVIEW FL	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	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)