

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 12 PM 12:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 181214 (8)

1. Corporation Name

FAIRCHILD-FLORIDA CONSTRUCTION COMPANY

Principal Place of Business

**C/O JAMES E. BAKER
US 19 S.
MONTICELLO FL 32344**

Mailing Address

**C/O JAMES E. BAKER
US 19 S.
MONTICELLO FL 32344**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/21/1954

3a. Date of Last Report

03/17/1994

4. FEI Number

59-0721886

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BAKER, JAMES E.
1520 LIVE OAK RD.
MONTICELLO FL 32344**

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 the if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PTD
BAKER, JAMES E.
1520 LIVE OAK RD
MONTICELLO FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**SD
DAVIS, VIRGIL J
U S 19 SOUTH
MONTICELLO FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
FAIRCHILD, WILEY
100 FAIRLANE DRIVE
HATTIESBURG MS**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VD
FAIRCHILD, MARK A
110 DOGWOOD DR.
HATTIESBURG MS**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition
**300001455163
-04/13/95--01006--023
****200.00 ****200.00**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 110.07(3)(b), 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 007, 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

Day, Month, Year