## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name 181214

(8)

## 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

## **FILED** Feb 03 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/21/1954

2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21		26 P.O. BOX 3.	26 P.O. BOX 310		59-0721886		Not Applicable
Suite, Apt.	unte, Apt. #, etc. Suite, Apt. :		. #, etc.		5. Certificate of Status Desired	cate of Status Desired S8.75 Additional Fee Required	
City & State					6. Election Campaign Financing	\$5.0	00 May Be
23		28			Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Country	/	8. This corporation owes or has paid the current year Intangible		
24	25 29 30			Personal Property Tax due June 30.  Yes No			
	9. Name and Address of Curre	ent Registered Agent	_	10. Name and Address of New Registered Agent			
BAKER, JAMES E.				Name			
1520 LIVEOAK RD.				82 Street Address (P.O. Box Number is Not Acceptable)			
MONTICELLO FL 32344							
				83			
			84	City			ip Code
			64	Chy		FL  85   Zi	ib 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							
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 Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am lamiliar 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 OFFIC	ERS AND DIRECT	ORS IN 12
TITLE	PTD	L DELETE	1.1 TITLE			Chang	e 🗌 Addition
NAME	BAKER, JAMES E.		1.2 NAME	]			
STREET ADDRESS	1520 LIVE OAK RD		1.3 STREET	ADDRESS			
CITY - ST - ZIP	MONTICELLO FL		1.4 CITY - S	ST-ZIP			
TITLE	SD	☐ DELETE	2.1 TITLE			☐ Chang	e Addition
NAME	DAVIS,VIRGIL J		2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			ĺ
CITY-ST-ZIP	MONTICELLO FL		2. 4 CITY-	ST-ZIP			
TITLE	D	DELETE	3.1 TITLE	_		☐ Chang	e Addition
NAME	FAIRCHILD, WILEY		3.2 NAME	ļ			
STREET ADORESS	100 FAIRLANE DRIVE		3.3 STREET	ADDRESS			ļ
CITY - ST - ZIP	HATTIESBURG MS		3.4. CITY - 5	ST-ZIP			
TITLE	VD	☐ DELETE	4.1 TITLE			Change	e Addition
NAME ]	FAIRCHILD, MARK A		4. 2 NAME	]			]
STREET ADDRESS	110 DOGWOOD DR.		4.3 STREET	ADDRESS			
CITY-ST-ZIP	HATTIESBURG MS		4.4 CITY - S	T-ZIP			
TITLE		DELETE	5.1 TITLE			Change	e
NAME			52 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			1
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		DELETE	6.1 TITLE			☐ Change	e 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - S	T-ZIP			
14. I hereby o	ertity that the information supplied v	vith this filing does not qualify for t	he exemp	tion stated in S	ection 119.07(3)(i), Florida Statutes. I	further certify that the	he 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 of an attachment with an address.

GNATURE:

(S50) 997-2528