

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 539956 (3)

1. Corporation Name

FAIRFIELD CORP.



Principal Place of Business

5620 NW 45TH LANE
GAINESVILLE FL 32606

Mailing Address

5620 NW 45TH LANE
GAINESVILLE FL 32606

3. Date Incorporated or Qualified

07/26/1977

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 2018 Sandra Dr.

2a. Mailing Address

26 2018 Sandra Dr.

4. FEI Number

59-1809784-65-006930

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

City & State

23 Sarasota FL

City & State

28 Sarasota FL 34

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

24 34231

25 USA

Zip

Country

29 34231-3426

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHMIELAU, HARRY A
5620 NW 45TH LANE
GAINESVILLE FL 32606

81 Name

Schmielau, Harry A. Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

2018 Sandra Dr.

83

84

City Sarasota

FL

85 Zip Code

34231

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 date if not a filer

(NOTE: Registered Agent signature required when reinstating)

Feb 20 1996

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
TUCKER, MARGARET
STREET ADDRESS
5620 NW 45TH LANE
CITY-STATE-ZIP
GAINESVILLE FL

2. TITLE ☐ DELETE

NAME
TSD
SCHMIELAU, HARRY A
STREET ADDRESS
5620 NW 45TH LANE
CITY-STATE-ZIP
GAINESVILLE FL

3. TITLE ☐ DELETE

NAME
PD
SCHMIELAU, HARRY A JR
STREET ADDRESS
3150 S TAMIAMI TRAIL
CITY-STATE-ZIP
SARASOTA FL

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2. 1 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

2018 Sandra Dr.
Sarasota FL 34231-3426

3. 1 TITLE ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

2018 Sandra Dr.
Sarasota FL 34231-3426

4. 1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5. 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6. 1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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 119.07(3)(k), 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

Feb 20 1996 (941) 922-8520

Daytime Phone #

CR2E034 (12/95)