

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90025 019 \*\*\*150.00

DOCUMENT # 849436

1. Corporation Name

FAIRBANKS COMMUNICATIONS, INC.

Principal Place of Business

3071 CONTINENTAL DRIVE  
WEST PALM BEACH FL 33407  
US

Mailing Address

3071 CONTINENTAL DRIVE  
WEST PALM BEACH FL 33407  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1981

4. FEI Number

35-1512509

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 owes the current year Intangible  
Personal Property Tax.

Yes ☒ No ☐

2. Principal Place of Business

2a. Mailing Address

21 3071 Continental Drive

26 3071 Continental Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 103

27 Suite 103

City & State

City & State

23 West Palm Beach, FL

28 West Palm Beach, FL

Zip

Country

Zip

Country

24 33407

25 US

29 33407

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 V ☐ DELETE

NAME SNOWDON, ROGER S  
STREET ADDRESS 3071 CONTINENTAL DRIVE  
CITY-ST-ZIP W. PALM BCH. FL 33407

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 3071 Continental Drive, Ste. 103  
1.4 CITY-ST-ZIP

TITLE S ☐ DELETE

NAME BETLEY, LEONARD J  
STREET ADDRESS 9292 N MERIDIAN ST #304  
CITY-ST-ZIP INDIANAPOLIS, IND 0

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VD ☐ DELETE

NAME FAIRBANKS, VIRGINIA B  
STREET ADDRESS 3701 CONTINENTAL DRIVE  
CITY-ST-ZIP W. PALM BCH. FL 33407

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 3071 Continental Drive, Ste. 103  
3.4 CITY-ST-ZIP

TITLE PD ☐ DELETE

NAME FAIRBANKS, R M  
STREET ADDRESS 3071 CONTINENTAL DRIVE  
CITY-ST-ZIP W. PALM BCH. FL 33407

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS 3071 Continental Drive, Ste. 103  
4.4 CITY-ST-ZIP

TITLE T ☐ DELETE

NAME FAIRBANKS, RICHARD M  
STREET ADDRESS 3071 CONTINENTAL DRIVE  
CITY-ST-ZIP W. PALM BCH. FL 33407

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS 3071 Continental Drive, Ste. 103  
5.4 CITY-ST-ZIP

TITLE EVP ☒ DELETE

NAME HILLIARD, JAMES C.  
STREET ADDRESS 3071 CONTINENTAL DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33407

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/99 561-844-5330

CR2E034 (11/98)