

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

FILED

Jan 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F20394 (5)

1. Corporation Name  
FAIRFIELD RIVER RIDGE, INC.

Principal Place of Business  
2800 CANTRELL RD.  
P.O. BOX 3375  
LITTLE ROCK AR 72203

Mailing Address  
2800 CANTRELL RD.  
P.O. BOX 3375  
LITTLE ROCK AR 72203-3375



3. Date Incorporated or Qualified 02/19/1981 3a. Date of Last Report 02/26/1996

4. FEI Number 71-0547589 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 11001 Executive Center Dr.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 11001 Executive Center Dr.  
Suite, Apt. #, etc.

22

27 P.O. Box 1500

23 City & State  
Little Rock, Ark

28 City & State  
Little Rock, Arkansas

24 Zip 72211 25 Country USA

29 Zip 72203 30 Country USA

9. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DVT	<input type="checkbox"/> DELETE
NAME	HOWETH, ROBERT W.	
STREET ADDRESS	2800 CANTRELL RD.	
CITY - ST - ZIP	LITTLE ROCK AR	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCCONNELL, JACK	
STREET ADDRESS	2800 CANTRELL RD.	
CITY - ST - ZIP	LITTLE ROCK AR	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BENNETT, BILL	
STREET ADDRESS	2800 CANTRELL RD.	
CITY - ST - ZIP	LITTLE ROCK AR	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	DUMENY, MARCEL J.	
STREET ADDRESS	2800 CANTRELL ROAD	
CITY - ST - ZIP	LITTLE ROCK AR	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	GUNTER, JOE T.	
STREET ADDRESS	2800 CANTRELL ROAD	
CITY - ST - ZIP	LITTLE ROCK AR	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	11001 Executive Center Drive
1.4 CITY - ST - ZIP	Little Rock, Arkansas 72211
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	11001 Executive Center Drive
2.4 CITY - ST - ZIP	Little Rock, Arkansas 72211
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
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3.4 CITY - ST - ZIP	Little Rock, Arkansas 72211
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	11001 Executive Center Drive
4.4 CITY - ST - ZIP	Little Rock, Arkansas 72211
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	11001 Executive Center Drive
5.4 CITY - ST - ZIP	Little Rock, Arkansas 72211
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)