

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:35

DOCUMENT # **G46249**

(0)

1. Corporation Name

FAIRFIELD FORT GEORGE, 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**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/24/1983

3a. Date of Last Report

04/27/1994

4. FEI Number

59-2344413

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.

2a. Mailing Address

26
Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip

25. Country

28. Zip

30. Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **AS**
NAME **GUNTER, JOE T**
STREET ADDRESS **2800 CANTRELL ROAD**
CITY-ST-ZIP **LITTLE ROCK AR**

TITLE **PD**
NAME **MCCONNELL, JOHN W.**
STREET ADDRESS **2800 CANTRELL ROAD**
CITY-ST-ZIP **LITTLE ROCK AR**

TITLE **AS**
NAME **BENNETT, WILLIAM J.**
STREET ADDRESS **2800 CANTRELL ROAD**
CITY-ST-ZIP **LITTLE ROCK AR**

TITLE **VSD**
NAME **DUMENY, MARCEL J.**
STREET ADDRESS **2800 CANTRELL ROAD**
CITY-ST-ZIP **LITTLE ROCK AR**

TITLE **AS**
NAME **HOWETH, ROBERT W.**
STREET ADDRESS **2800 CANTRELL RD.**
CITY-ST-ZIP **LITTLE ROCK AR**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VAS**
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE **VTD**
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William J. Bennett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/95
Date

501-664-6000
Daytime Phone