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

APPROVED AND FILED
95 MAR 23 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G67612 (3)

1. Corporation Name
FAIRFIELD ENGINEERING & MANUFACTURING INC.

Principal Place of Business	Mailing Address
% JOHN N. WOLCOTT 735 STARBOARD DRIVE VERO BEACH FL 32963	% JOHN N. WOLCOTT 735 STARBOARD DRIVE VERO BEACH FL 32963

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/03/1983
3a. Date of Last Report: 03/25/1994

2. Principal Place of Business	2a. Mailing Address
21 % ELEANOR V. WOLCOTT	26 % ELEANOR V. WOLCOTT
Suite, Apt. #, etc. 22 735 STARBOARD DR.	Suite, Apt. #, etc. 27 735 STARBOARD DR.
City & State 23 VERO Beach, FL	City & State 28 VERO BEACH, FL
Zip / Country 24 32963 / 25 IND. River	Zip / Country 29 32963 / 30 Ind. River

4. FEI Number: 59-2360070 ☐ 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

9. Name and Address of Current Registered Agent

WOLCOTT, JOHN N.
735 STARBOARD DRIVE
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name: WOLCOTT, ELEANOR V.
82 Street Address (P.O. Box Number is Not Acceptable): 735 STARBOARD DR.
83
84 City: VERO BEACH, FL 85 Zip Code: 32963

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ID	1.1 TITLE	☐ Change ☐ Addition
NAME	WOLCOTT, JOHN N	1.2 NAME	
STREET ADDRESS	735 STARBOARD DR	1.3 STREET ADDRESS	Delete
CITY-ST-ZIP	VERO BEACH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PSD	2.1 TITLE	PSTD ☒ Change ☐ Addition
NAME	WOLCOTT, ELEANOR V	2.2 NAME	WOLCOTT, ELEANOR V.
STREET ADDRESS	735 STARBOARD DR	2.3 STREET ADDRESS	735 STARBOARD DR
CITY-ST-ZIP	VERO BEACH, FL 00000	2.4 CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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)(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: Eleanor V. Wolcott ELEANOR V. Wolcott, Pres 3/1/95 407-231-3565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0072888 CP