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Jan 30 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 # **L94394** (8)
1. Corporation Name
FAIRBANKS CONTRACTING AND REMODELING, INC.



Principal Place of Business
**1725 N PINE AVENUE
OCALA FL 34475
US**

Mailing Address
**1725 NORTH PINE AVENUE
OCALA FL 34475-9048
US**

3. Date Incorporated or Qualified
08/06/1990

3a. Date of Last Report
03/07/1996

4. FEI Number
59-3025203

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 **1723 N Pine Ave**
Suite, Apt #, etc.
22
City & State
23
Zip Country
24

2a. Mailing Address
26 **1723 N Pine Ave**
Suite, Apt #, etc.
27
City & State
28
Zip Country
29

g. Name and Address of Current Registered Agent
**FAIRBANKS, CHARLES G., JR.
1737 N PINE AVE
OCALA FL 32670-4522**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1723 N PINE AVE
83
84 City
FL 85 Zip Code
34475

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIRBANKS, CHARLES G. JR	1.2 NAME	
STREET ADDRESS	7 TEAK CT	1.3 STREET ADDRESS	5865 NE 67th Street
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	Silver Springs, FL 34488
TITLE	DS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIRBANKS, ELEZABETH R.	2.2 NAME	Fairbanks, Elizabeth R.
STREET ADDRESS	7 TEAK CT	2.3 STREET ADDRESS	5865 NE 67th Street
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	Silver Springs, FL 34488
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Cele A. Kelly* 1/22/97 352-732-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)