

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90051 042 ****61.25

0082024

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P00252

1. Corporation Name

FAIRFIELD MORTGAGE CORPORATION

Principal Place of Business

POST OFFICE BOX 3375
LITTLE ROCK AR 72203

Mailing Address

POST OFFICE BOX 3375
LITTLE ROCK AR 72203



2. Principal Place of Business

21 8669 Commodity Cir.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified
12/13/1983

4. FEI Number
71-0450393

Applied For
Not Applicable

22 #200
City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Orlando, Florida

28 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 33309 Zip

Country

29 Zip

Country

30

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 617.0502 and 617.1508, 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 617.0503, 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 PTD ☐ DELETE
NAME HOWETH, ROBERT W.
STREET ADDRESS 2800 CANTRELL ROAD
CITY-ST-ZIP LITTLE ROCK AR

1.1 TITLE PTD ☒ Change ☐ Addition
1.2 NAME Howeth, Robert W.
1.3 STREET ADDRESS 8669 Commodity Circle
1.4 CITY-ST-ZIP Orlando, Florida 33309

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

2.1 TITLE VP/S/D ☒ Change ☐ Addition
2.2 NAME Dumeny, Marcel J.
2.3 STREET ADDRESS 8669 Commodity Circle
2.4 CITY-ST-ZIP Orlando, Florida 33309

TITLE VD ☐ DELETE
NAME MCCONNELL, JOHN D.
STREET ADDRESS 2800 CANTRELL ROAD
CITY-ST-ZIP LITTLE ROCK AR

3.1 TITLE VD ☒ Change ☐ Addition
3.2 NAME McConnell, John W.
3.3 STREET ADDRESS 8669 Commodity Circle
3.4 CITY-ST-ZIP Orlando, Florida 33309

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

4.1 TITLE AS ☒ Change ☐ Addition
4.2 NAME Bennett, William J.
4.3 STREET ADDRESS 11001 Executive Center Dr.
4.4 CITY-ST-ZIP Little Rock, AR 72211

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William J. Bennett 1/27/99 501-228-2700

CR2E037 (1/98)