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

Mailing Address

AGAWAM MA 01001

P.O. BOX 790

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P06613

1. Corporation Name

FAFARD, INC.

Principal Place of Business

3723 HOGSHEAD ROAD

PLYMOUTH FL 32703

00		55			3. Date Incorporated or Qualifed		
					07/01/1985		
2. Principal	al Place of Business Za. Mailing Address				4. FEI Number	Ap	plied For
21		26	s]		04-2681807	No	t Applicable
Suite, Ap	pt. #, etc. Suite, Apt. #, etc. 27					8.75 A Fee Re	Additional equired
City & St	ate	City & State		<u> </u>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Intang	ible	
24	25	29 30	30		Personal Property Tax. ☐ Yes ☐ No		
	9. Name and Address of Curre	nt Registered Agent	~'		10. Name and Address of New Registered Ag	ent	
			81	Name			
KALLOO, GILBERT 4855 PIERCE ARROW DR APOPKA FL 32712				82 Street Address (P.O. Box Number is Not Acceptable)			
							1
			84	City	FL	35 Zip (Code
SIGNATUR	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: Re		nt signature require	od when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND		~
TITLE	PD	☐ DELETE	1.1 TITLE		L] Change	Addition
NAME	FAFARD, ANDRE		1.2 NAME				
STREET ADDRES	s 100 South Brook RD		1.3 STREE	TADDRESS			
CITY-ST-ZIP	EAST LONGMEADOW MA		1.4 CITY-5	T-ZIP		7.01	
TITLE	Į T	☐ DELETE	2.1 TITLE		L] Change	Addition
NAME	KING, THOMAS JR.		2.2 NAME				
STREET ADDRES			2.3 STREET ADDRESS				
CITY-ST-ZIP	FEEDING HILLS MA	☐ DELETE	2. 4 CITY-ST-ZIP			Change	Addition
TITLE	S STELLIAM CTELE	☐ DETE IE	3.1 DILE		-	Jonanyo	
NAME	JARAHIAN, STEVE		3.3 STREET ADDRES		1206 Rutledge St.		
STREET ADDRES	1513 BRAMBLE RIDGE ANDERSON SC		3.4 CITY-ST-ZIP		Anderson SC 29621		
CITY-ST-ZIP TITLE	ANDCHOUN OC	☐ DELETE	4.1 TITLE	31-4IF	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	}	<u> </u>	4, 2 NAME			-	
STREET ADDRES	}						
	is!		4.3 STREE	TADDRESS			
CITY-ST-ZIP	es		4.3 STREE	TADDRESS			
CITY-ST-ZIP TITLE	ss	☐ DELETE		TADDRESS] Change	Addition

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 607, 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

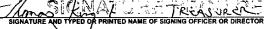
STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME



☐ DELETE

☐ Change

FILED

May 04, 1999 8:00 am Secretary of State

05-04-1999 90180 049 ***150.00

DO NOT WRITE IN THIS SPACE

= :=

Addition