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May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90210 035 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P93000064596

1. Corporation Name

FAIRCHILD MANAGEMENT, INC.

Principal Place of Business

310 W. HUGHES  
BRANDON FL 33510  
US

Mailing Address

310 W. HUGHES  
BRANDON FL 33510  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1993

4. FEI Number

59-3201660

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 401 N. Parsons

Suite, Apt. #, etc.

22 Suite 108-A

City & State

23 Brandon, FL

Zip

24 33510

Country

25 Hillsborough

2a. Mailing Address

26 401 N. Parsons

Suite, Apt. #, etc.

27 Suite 108-A

City & State

28 Brandon, FL

Zip

29 33510

Country

30 Hillsborough

9. Name and Address of Current Registered Agent

FAIRCHILD, F JAMES  
310 W. HUGHES  
BRANDON FL 33510

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

401 N. Parsons

83 Suite 108-A

84 City

Brandon

FL

85 Zip Code

33510

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME FAIRCHILD, F JAMES  
STREET ADDRESS 310 W. HUGHES  
CITY-ST-ZIP BRANDON FL

TITLE S ☐ DELETE

NAME FAIRCHILD, DONNA  
STREET ADDRESS 310 W. HUGHES  
CITY-ST-ZIP BRANDON FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 401 N. Parsons, Suite 108-A  
1.4 CITY-ST-ZIP Brandon, FL 33510

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 401 N. Parsons, Suite 108-A  
2.4 CITY-ST-ZIP Brandon, FL 33510

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 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 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.

SIGNATURE:

Donna Fairchild  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

813 681-4893

Daytime Phone #

CR2E034 (11/98)