

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P93000086384

1. Corporation Name

FAIRFAX INVESTMENTS, INC.

Principal Place of Business

5211 SW 91 TERR
STE C
GAINESVILLE FL 32608
US

Mailing Address

5211 SW 91 TERR
STE C
GAINESVILLE FL 32608
US

2. Principal Place of Business

21 **2208 NW 7th Lane**
Suite, Apt. #, etc.

2a. Mailing Address

26 **2208 NW 7th Lane**
Suite, Apt. #, etc.

City & State

23 **Gainesville FL**
Zip Country

City & State

28 **Gainesville FL**
Zip Country

24 **32603**

29 **32603**

9. Name and Address of Current Registered Agent

GRAVES, ERIC J
5416 S.W. 97TH TERRACE
GAINESVILLE FL 32608

3. Date Incorporated or Qualified

12/20/1993

4. FEI Number

59-3214992

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

10. Name and Address of New Registered Agent

81 Name

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

2208 NW 7th Lane

83

84 City **Gainesville**

FL

85 Zip Code **32608**

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 ☐ DELETE

NAME **D GRAVES, ERIC J**
STREET ADDRESS **5211 SW 91 TERRACE, STE C**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE ☐ DELETE

NAME **D GRAVES, KATHERINE A**
STREET ADDRESS **5211 SW 91 TERR, STE C**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE ☐ DELETE

NAME **~~Graves, Leigh P.~~**
STREET ADDRESS **2208**
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 **2208 NW 7th Lane**

1.4 CITY-ST-ZIP **Gainesville FL 32603**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **2208 NW 7th Lane**

2.4 CITY-ST-ZIP **Gainesville FL 32603**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **D Graves, Leigh P.**

3.3 STREET ADDRESS **2208 N.W. 7th Lane**

3.4 CITY-ST-ZIP **Gainesville FL 32603**

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, on an attachment with an address, with all other like empowered.

SIGNATURE:

Katherine A. Graves
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90070 039 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (1/98)