

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

**FILED**  
**Mar 21 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 # P95000029054 (0)**

1. Corporation Name  
**FAWN RIDGE CORPORATION**



Principal Place of Business  
**630 PAW PRINTS LANE  
 MELBOURNE FL 32935**

Mailing Address  
**3675 PARKWAY DRIVE  
 MELBOURNE FL 32934-7526**

3. Date Incorporated or Qualified **04/10/1995** 3a. Date of Last Report **10/10/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **59-3315459** Applied For  Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24. Country

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRIFFIN, JENNIFER  
 239 N.W. ALEGRIANO ROAD  
 PALM BAY FL 32907**

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 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature: You may use the printed name of the registered agent if that applies. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **PS MCKINLEY, JOHN**  
 STREET ADDRESS **4927 FLORA DRIVE**  
 CITY- ST- ZIP **MELBOURNE FL 32934**  
 TITLE  DELETE  
 NAME **VT CONNOR, DOUG**  
 STREET ADDRESS **3675 PARKWAY DRIVE**  
 CITY- ST- ZIP **MELBOURNE FL 32934**  
 TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
 TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
 TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

11 TITLE  Change  Addition  
 12 NAME  
 13 STREET ADDRESS  
 14 CITY- ST- ZIP  
 21 TITLE  Change  Addition  
 22 NAME  
 23 STREET ADDRESS  
 24 CITY- ST- ZIP  
 31 TITLE  Change  Addition  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY- ST- ZIP  
 41 TITLE  Change  Addition  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY- ST- ZIP  
 51 TITLE  Change  Addition  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY- ST- ZIP  
 61 TITLE  Change  Addition  
 62 NAME  
 63 STREET ADDRESS  
 64 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 its 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: **JOHN A. MCKINLEY** 3/7/97 (407) 259-8349  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E034 (9/96)