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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000036919 (5)

**FAIRMEAD CONSTRUCTION INC** 

Principal Place of Business Mailing Address

4012 BROOKMYRA DR.

ORLANDO FL 32837 ORLANDO FL 32837-5106

## FILED Apr 29 1997 8:00am Secretary of State



ORLANDO FL 32837		ORLANDO FL 32837-5106			
				3. Date Incorporated or Qualified 05/08/1995	3a. Date of Last Report 05/01/1996
2. Principal P	lace of Business	2a. Mailing Address	COLEGACE DY	4. FEI Number	Applied For
	170182 WETHERBEE RU		netherbee by	<sup>2</sup> 65-0676145	X Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 <b>32</b> 877/			Country 30 ORUANOO		Yes X No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	istered Agent
DATZEUL, NAT				81 Name RAY LAYZELL	
	2 Brookmyra dr. Ando Fl. 32837		SUITE 83	ress (P.O. Box Number is Not Acceptable 770182 WETHERBEE	NOA40
				LANDO	FL 85 Zip Code 32877/0182
office or r	to the provisions of Sections 607.0502 a egistered agont, or both, in the State of m familiar with, and accept the obligation	l Florida. Such change was ai	uthorized by the corpora	poration submits this statement for the pu ation's board of directors. I hereby accep	rpose of changing its registered the appointment as registered
SIGNATURE	Signature, typed or printed part of terps tered agent.	and this diapplicable (NOT)	Registered Agont signature requ	214 Murand when reinssating)	J 97
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P	☐ DELETE	1.1 TITLE		Change  Addition
NAME	LAYZELL, RAY			lay layrell	are nous
STREET ADDRESS	4012 BROOKMYRA DR.			WITE 770182 WETHER	
CITY-ST-ZIP	ORLANDO FL 32837	DECETE		212LANDO 32877/01	
TITLE		☐ DELETE	2.1 IIILE		☐ Change ☐ Addition ☐
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2 4 GHY-ST-7P 3 1 THLE		Change Addition
NAME			3.2 NAME		Change Assured .
STREET ADDRESS			3.9 STREET ADDRESS		
CITY-ST-ZIP					
TITLE		DELETE	3.4. CHY-\$1-7IP 4.1 HUE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City - St. ZIP		
TITLE		DELETE	5 : TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST 7/P		
TITLE		DELETE	6. IIITE		Change Addition
NAME			6.2 NAME		·
STREET ADDRESS			6.3 STREET ADDRESS	t .	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	$\mathcal{N}$	
4					

14. I do 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 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.

MIL DI 2111 102 AM OU 2000