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FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90029 044 ***150.00

CORPORATION
ANNUAL REPORT
1999



Katherine Harris
 Governor
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT# **P96000043399**
1. Corporation Name: **Fairfax, Inc.**

Principal Place of Business:
Mailing Address:

2. Principal Place of Business:
21. 315 S AVON ST
22. Suite/Apt. # etc.
23. City & State: **Destin, FL**
24. Zip: **32541**
25. Country: **USA**

26. Mailing Address:
26. Post Office Box 605
27. Suite/Apt. # etc.
28. City & State: **Destin, FL**
29. Zip: **32541**
30. Country: **USA**

3. Date Incorporated or Qualified: **5/15/96**
4. FEI Number: **157-339285**
5. Certificate of Status Desired: ☐ **6. Election Campaign Financing:** ☐
7. Certificate of Status Desired: ☐ **8. This corporation does the current year intend to:** ☐
9. Certificate of Status Desired: ☐ **10. This corporation does the current year intend to:** ☐

11. Name and Address of Current Registered Agent: **Bradley M. Cantelero**
12. Street Address (P.O. Box Number is Not Applicable): **955 Airport Road**
13. City: **Destin** **14. State:** **FL** **15. Zip Code:** **32541**

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: *Raymond Clinton* **DATE:** **4-27-99**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:			
TITLE	PRESIDENT	☐ DELETE		1.1 TITLE		☐ Change	☐ Addition
NAME	RAYMOND CLINTON			1.2 NAME			
STREET ADDRESS	208 ELIZABETH LANE			1.3 STREET ADDRESS			
CITY-ST-ZIP	DALLAS, NC 28053			1.4 CITY-ST-ZIP			
TITLE		☐ DELETE		2.1 TITLE		☐ Change	☐ Addition
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		☐ DELETE		3.1 TITLE		☐ Change	☐ Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE		☐ Change	☐ Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE		☐ Change	☐ Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE		☐ Change	☐ Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: *Raymond Clinton* **DATE:** **4-27-99** **704-867-0112**

CR2E034 (1/98)



580280-90002-44

**CORPORATION
ANNUAL REPORT
1999**

DOCUMENT #

P96000043378

Faithful, Inc.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

State Incorporated or Qualified

5115196

4. FEEL Number

59-3392856

7. Applied For

Not Applicable

5. Certificate of Status Desired

EV ASSESS/ADJUDICATE/STANDARD/REVIEW

58.75% Reduction

Fee Required

6. Election Campaign Financing

3. Small Poll Contribution

55.000 May Be

Amount Paid

6. If corporation owes the current year filing fee

6. If corporation reports 1 year

6. If corporation reports 1 year

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2. Principal Place of Business

21 315 S ANON ST

2a. Mailing Address

26 Post Office Box 605

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23 Gastonia NC

City & State

24 Gastonia NC

Zip

24 28054

Zip

25 28054-0605

Country

25 USA

Country

26 10506

8. Name and Address of Current Registered Agent

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SIGNATURE

Raymond Clinton

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

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE

Raymond Clinton

Signature and typed or printed name of signing officer or director

4-27-99

704-867-0112

Date

Daytime Phone #

CR2E034 (1/98)