2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P96000098981 01-23-2004 90026 043 ***150.00 FAIRFAX LAND MANAGEMENT, INC. Principal Place of Business Mailing Address 54000294 2610 FAIRFAX STREET POST OFFICE BOX 41604 JACKSONVILLE, FL 32209 JACKSONVILLE, FL 32203-1604 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01222004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3424652 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HILL, STAN W 2610 FAIRFAX STREET Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32209 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PS TITLE TITLE President NAME HILL, STAN W NAME Norman L. Woerner 12990 County Rd.95 8483 STABLES ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32256 CITY - ST- 7IP 1 berta 36530 TITLE Delete TITLE ce President + Secretary - Change **X** Addition MAME WALKER, JOHN C NAME Stan W. Hill STREET ADDRESS 364 RIVEREDGE RD STREET ADDRESS 8483 Stables CITY-ST-ZIP JUPITER, FL 334779344 CITY-ST-7IP TITLE Delete TITLE ____Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP: ~ CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITHE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STRÉET ADDRESS .. CITY - ST- ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Stan W. Hill V.P. + Sec

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

FILED Jan 23, 2004 8:00 am