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DOCUM	MENT#	P97	0000	9064	2	

1. Entity Name

FAIRWINDS TECHNICAL SERVICES, INC.

Principal Place of Business

Mailing Address

65 LEWIS BLVD OYSTER CREEK P.O. BOX 50910

SAINT AUGUSTINE FL 32084

JACKSONVILLE FL 32250

2. Principal Place of Business

UNIT Suite, Apt. #, etc 3. Malling Address P.O., Box 9008

City & State ST. Au

USA

4. FEI Number

6. Name and Address of Current Registered Agent

COLTART, GARY R 2567 S PONTE VEDRA BLVD S PONTE VEDRA BEACH FL 32082

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

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

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.

SIGNATURE _______Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete TITLE TITLE COLTART, GARY R NAME UNIT 304 155 MARINE ST. 5T. Aubustine, FL 32084 STREET ADDRESS STREET ADDRESS 14507 PLUMOSA DRIVE CITY-ST-ZIP JACKSONVILLE FL 32250 CITY-ST-7IP TITLE ☐ Delete TITLE KNEELAND, PHILIP R NAME NAME 727 SPRING FOREST COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32712 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.