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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 03, 1999 8:00 am Secretary of State 05-03-1999 90075 016 ***150.00

DOCUMENT	# P	മമറവ	റ്റെട	749

1. Corporation Name

FAIRFIEL	.D INDUSTRIAL SERVICES,	INC.					
		Adulting Address		 _	<u> </u>		AIR DIBNO 1011 1661
Principal Place		Mailing Address					
5775 DEER HO		5775 DEER HOLLOW TRAIL	L				
DAKADUIA FL	ARASOTA FL 34232 SARASOTA FL 34232			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					10/19/1998		i
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
7		26			65-0885349	<u> </u>	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	Additional
2		27			5. Certifcate of Status Desired	Fee I	Required
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	0 May Be
3		28			Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current		_]
4	25	29	30		Personal Property Tax.	Tes .	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
AME	RILAWYER		{	Name W	AYAL BARNARD	•	
			l la	32 Street Add	ress (P.Q. Box Number is No Acceptable SASA	le)_	
	ALMERIA AVENUE		L		15 WASAICH DI		
COH	IAL GABLES FL 33134		į.	13	•		{
				4 City (a seal o	85 Zi	PAP V
				74	FILMOIR	<u>FL " 3</u>	4633
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	if Florida. Such change was at	uthorized I	ov the corporati	poration submits this statement for the pi ion's board of directors. I hereby accept	the appointment as	registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered A	gent signature require		DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	 	
TITLE :	PTD	☐ DELETE	1.1 TITL	Ē	•	☐ Chango	e Addition j
NAME	BARNARD, WAYNE D		1.2 NAM	E			
STREET ADDRESS	5775 DEER HOLLOW TRAIL		1.3 STR	EET ADDRESS			}
CITY-ST-ZIP	SARASOTA FL 34232		1.4 CITY	-ST-ZIP			
TITLE	SVD	☐ DELETE	2.1 TITL	=		Change	e
NAME	BARNARD, JACKIE L		2.2 NAM	E		•	
STREET ADDRESS	5775 DEER HOLLOW TRAIL		2.3 STR	EET ADDRESS		·	.
CITY-ST-ZIP	SARASOTA FL 34232		2.4 CIT	r-ST-ZIP			
TITLE	-	☐ DELETE	3.1 T∏L	Ε '	-	Change	e 📑 Addition
NAME			3.2 NAM	E			
STREET ADDRESS			3.3 STR	EET ADDRESS			
CITY-ST-ZIP			3.4. CIT	(-ST-ZIP			
TITLE		☐ DELETE	4.1 TTTL	E		_ Chang	je 🗌 Addition
NAME			4, 2 NA	KE (ĺ
STREET ADDRESS	•		4.3 STR	EET ADDRESS			
CITY-ST-ZIP	·		4.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	5.1 TITL	E		Change	je 🗌 Addition
NAME			5.2 NAM	E	•		
STREET ADDRESS			5.3 \$TR	EET ADDRESS		1	}
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	6.1 TITL	E		☐ Chang	e 🔲 Addition
NAME	15		6.2 NAN	Ε			
STREET ADDRESS			6.3 STR	EET ADDRESS			

6.4 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 suppliemental 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: