FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DOCUMENT # **S55478** **(9)**

1. Corporation Name
FAIRFAX HOMES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
205 N. MARION ST. TAMPA FL 33602	% J. BOB HUMPHRIES 501 E. KENNEDY BLVD. STE.1700 TAMPA FL 33602

3. Date Incorporated or Qualified: **05/21/1991**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number: **59-3065252** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has apply for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HUMPHRIES J. BOB ESQ. FLOWLER, WHITE ET AL 501 E. KENNEDY BLVD. #1700 TAMPA FL 33602	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	WELLS, MELISSA A.	12 NAME	
STREET ADDRESS	9921 88TH ST. N.	13 STREET ADDRESS	
CITY ST ZIP	SEMINOLE FL	14 CITY ST ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	ENGEL, LLOYD C.	22 NAME	
STREET ADDRESS	1117 NEUSE AVENUE	23 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	VUYLSTEKE, C.O.	32 NAME	
STREET ADDRESS	202 S. BURLINGAME AVE.	33 STREET ADDRESS	
CITY ST ZIP	TEMPLE TERR FL	34 CITY ST ZIP	
TITLE	D/P	41 TITLE	☐ Change ☐ Addition
NAME	MACARTHUR,HUGH A.	42 NAME	
STREET ADDRESS	205 N. MARION ST	43 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33602	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MERRIMAN, RICHARD J., JR	52 NAME	
STREET ADDRESS	5131 ARDMORE DRIVE	53 STREET ADDRESS	
CITY ST ZIP	WINTER PARK FL	54 CITY ST ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	HUMPHRIES, J B	62 NAME	
STREET ADDRESS	501 E. KENNEDY BLVD. #1700	63 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33602	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: J. Bob Humphries, Secretary 4/27/95 (813) 222-1173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000004 CP