FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
96 JUL 23 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Corporation Name

FAIRFAX HOMES, INC.

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: 05/01/1995
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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HUMPHRIES J. BOB ESQ.
FLOWLER, WHITE ET AL
501 E. KENNEDY BLVD. #1700
TAMPA FL 33602

10. Name and Address of New Registered Agent

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 date. (If this is a new registered agent, signature required where shown above.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WELLS, MELISSA A.		1.2 NAME	
STREET ADDRESS	9921 88TH ST. N.		1.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ENGEL, LLOYD C.		2.2 NAME	
STREET ADDRESS	1117 NEUSE AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	VUYLSTEKE, C.O.		3.2 NAME	
STREET ADDRESS	202 S. BURLINGAME AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERR FL		3.4 CITY-ST-ZIP	
TITLE	D/P	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MACARTHUR,HUGH A.		4.2 NAME	
STREET ADDRESS	205 N. MARION ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MERRIMAN, RICHARD J., JR		5.2 NAME	
STREET ADDRESS	5131 ARDMORE DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL		5.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HUMPHRIES, J B		6.2 NAME	
STREET ADDRESS	501 E. KENNEDY BLVD. #1700		6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602		6.4 CITY-ST-ZIP	

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****200.00 ****200.00

000001902000
-07/23/96--01099--006
*****50.00 *****25.00

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 added on an attachment with an address.

SIGNATURE: J. Bob Humphries, Secretary 7/22/96 (813) 222-1173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)