SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).					98. APPROVED	
					T AND	
	PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandre B. Mortham				SIAIL	FILED
ANNU	AL REPORT	Secretary of State				
1998 DIVISION OF CORPORATIONS				98 NOY -9 PM 4: 16		
DOCUMENT # 847787 (9)						
					SECRETARY OF STATE TALLAMASSEE, FLORIDA	
FAIRFAX PROFERTIES, INC.						
į	•					
Principal Place	e of Business	Mailing Address				
%RALPH TOON, JR %RALPH TOON, JR						PENSTATEMENT 06
356 ARGONNE DR 356 ARGONNE DR ATLANTA GA 30305 ATLANTA GA 30305						DO NOT WRITE IN THIS SPACE.
us						3. Date Incorporated or Qualified
					12/23/1980 4. FEI Number Applied For	
2. Principal Place of Business 21 Yo L. R. Whiche 25 Yo L.R. Which						4. FEI Number Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					· · · · · · ·	\$8.75 Additional
22/3530 Pred months Unit III 27/3530 Predmonths Unit III Fee Required						
23 Atlanta, GA 28 Atlanta Gr						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	_	untry		8. This corporation owes or has paid the current year Intangible
24 3030	9. Name and Address of Current		30 <u>C</u>	<u>15</u>		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
CAMPBELL, DOAK S.						
70 SE 4TH AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)		
DELRAY BEACH FL 33483						
ļ				83		
				84	City	FL 85 Zip Code
11. Dursuant 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 arm familiar with, and accept the obligations of, section 607,9505, Florida Statutes.						
agent. I am familiar with, and accept the obligations of, section 607,0595, Florida Statutes.						
SIGNATURE Signature, typed or printed name of registered agent anglytic if applicable. (NOTE: Registered Agent signature required when refinstating) DATE						
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	GERMANY, T. GORDY	DELÈTE -	1.1 TI			
STREET ADDRESS	ACCO OLLIS CONTE ME			1.2 NAME 1.3 STREET ADDRESS		-11/13/9801032021
CITY-ST-ZIP	ALTANTA GA		1.4 C	1.4 CITY-ST-ZIP		****750.00 <u>****750.00</u>
TITLE	WYCHE, RONALD L	DELETE	2.1 T		}	Change Addition
NAME STREET ADDRESS	OFFICE PROPERTY OF MACE		•	2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	ALTANTA GA			ITY ST	ZIP	
TITLE			•	3.1 TITLE		Change Addition
NAME	OF CASE WAS DON'T REE			3.2 NAME 3.3 STREET ADDRESS		Toon, Ralph L. Jr GI San Juan Priva # F5
STREET ADORESS CITY-ST-ZIP	DONTE VEDDA CE			3.4 CITY-ST-ZIP		Ponta Vadra, FL 32082
TITLE	AS	DELETE	4.1 TI			☐ Change ☐ Addition
NAME	THOMPSON, J. ALLEN 247 ST MARTINS DR		4.2 N			
STREET ADDRESS	MABLETON GA			TREET A ITY-ST-7	ADDRESS)	
TITE		DELETE	5.1 TI		5.1	Change Addition
l market		- -	52N	AME	}	=

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 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:

| Comparison of the corporation of 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: | Comparison of the corporation of 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: | Comparison of the corporation of 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: | Comparison of the corporation of

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

(404) 26 4- 9583 Daytime Phone #

Addition