

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

DOCUMENT # **G58417 (8)**

1. Corporation Name
FRALEIGH ENTERPRISES, INC.



Principal Place of Business: **608 HIGHLAND ST. NORTH ST. PETERSBURG FL 33701**
Mailing Address: ~~500 70TH AVE ST PETERSBURG BEACH FL 33706~~
~~US~~

3. Date Incorporated or Qualified: **09/07/1983**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2323183**
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: **608 HIGHLAND ST NORTH**
2a. Mailing Address: **608 HIGHLAND ST NORTH**
21. Suite, Apt. #, etc.: **ST PETERSBURG**
26. Suite, Apt. #, etc.: **ST PETERSBURG**
22. City & State: **FLORIDA**
27. City & State: **FLORIDA**
23. Zip: **33701**
28. Zip: **33701**
24. Country: **AMERLLAS**
29. Country: **AMERLLAS**
30. Country: **AMERLLAS**

9. Name and Address of Current Registered Agent
FRALEIGH, W T
~~500 70TH AVE~~
~~ST PETES BEACH FL 33706~~

10. Name and Address of New Registered Agent
81. Name: **FRALEIGH W.T.**
82. Street Address (P.O. Box Number is Not Acceptable): **608 HIGHLAND ST NORTH**
83. City: **ST PETERSBURG**
84. State: **FL**
85. Zip Code: **33701**

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: **WILLIAM T. FRALEIGH P.D.** *[Signature]* **APR 26 1996**
Signature typed or printed name of registered agent as provided in application. (NOTE: Registered Agent signature required when filing.) DATE

12. OFFICERS AND DIRECTORS

TITLE	VTS	<input type="checkbox"/> DELETE
NAME	FRALEIGH, DONNA C	
STREET ADDRESS	500 70TH AVE	
CITY-ST-ZIP	ST PETES BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FRALEIGH, PAUL W	
STREET ADDRESS	12274 1ST ST WEST	
CITY-ST-ZIP	TREASURES ISLAND FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRALEIGH, WILLIAM T	
STREET ADDRESS	500 70TH AVE	
CITY-ST-ZIP	ST PETES BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VTS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRALEIGH DONNA C	
1.3 STREET ADDRESS	ONE BEACH DRIVE SUITE 1607	
1.4 CITY-ST-ZIP	ST PETERSBURG FLORIDA 33701	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRALEIGH PAUL W	
2.3 STREET ADDRESS	3301 BAYENOR BLVD SUITE 2809	
2.4 CITY-ST-ZIP	TAMPA FLORIDA 33629	
3.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FRALEIGH WILLIAM T.	
3.3 STREET ADDRESS	ONE BEACH DRIVE SUITE 1607	
3.4 CITY-ST-ZIP	ST PETERSBURG FLORIDA 33701	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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 in an attachment with an address.

SIGNATURE: *[Signature]* **WILLIAM T. FRALEIGH** **APR 26 1996** **825-0629**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE

CR2E034 (12/95)