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 Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90068 030 ***150.00

DOCUMENT # G58417

1. Corporation Name

FRALEIGH ENTERPRISES, INC.

	•										
Principal Place of Business Mailing Address									IK I dd a did ai di		1811 81815 1886
608 HIGHLAND ST NORTH ST. PETERSBURG FL 33701			608 HIGHLAND ST NORTH ST PETERSBURG BEACH FL 33706								
US								DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualifed			
								09/07/1983 4. FEI Number			tind For
·	lace of Business 2a. Mailing Address							•• • = • • • • • • • • • • • • • • • •			Applicable
21		26	Suite, Apt. #, etc.					59-2323183		\$8.75 A	
Suite, Apt. #, etc.			٦				l	Certificate of Status Desired		Fee Re	
City & State			City & State					6. Election Campaign Financing		\$5.00	May Re
23			28					Trust Fund Contribution		Added to	7
Zip	; Country	120,	Zip Country					8. This corporation owes the curre	ent vear Inta	ngible	$\overline{}$
24	25	29	- ·					Personal Property Tax.	•		□No _
	9. Name and Address of Current	Regis	tered Agent					10. Name and Address of New R	egistered /	Agent	
. 1						Name	1				
FRALEIGH, W T					82	Street	Addres	s (P.O. Box Number is Not Accepta	ıble)		
608 HIGHLAND STREET NORTH					62 Street Add						
ST. I	PETERSBURG FL 33701										
				1	84	City		<u> </u>		85 Zip C	ode
	•					,			F <u>L</u>		
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 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE NOTE: Registered Agent signature population and accept and printed agent provided agent provid										gistered	
3,7					egistered Agent signature required			ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
TITLE	VTS OFFICERS AND	DINL	DELETE	1,1 TIT	LE		1	NODITIONO/O.V.IIOLO IO OV	TOLINO PUR	Change	Addition
NAME	FRALEIGH, DONNA C			1.2 NA							
STREET ADDRESS	ONE BEACH DRIVE OF UTE 4007				1.3 STREET ADDRESS						
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP								
TITLE	VD		☐ DELETE	2.1 TIT		· 	V[<u> </u>		Change	Addition
NAME	FRALEIGH, PAUL W				22 NAME			RAUEIGH-PAUL-WI			
STREET ADDRESS	THE PARTY OF THE P				2.3 STREET ADDRESS [1]			DOIS-CHAMBERS-DEIVE-			
CITY-ST-ZIP	TARROS EL .				2.4 CITY-ST-ZIP			MPA FLORIDA	33	626 ⁻	
TITLE	PD		☐ DELETE	3.1 TiT	LE		_			☐ Change	☐ Addition
NAME	FRALEIGH, WILLIAM T		,	3.2 NA	ME						
STREET ADDRESS	ONE BEACH DRIVE SUITE 1607			3.3 ST	REET	ADDRESS	;				
CITY-ST-ZIP	ST. PETERSBURG FL			3.4. CI	TY-S	T-ZIP					
TITLE			☐ DELETE	4.1 TII	Œ.					☐ Change	☐ Addition
- NAVIE -				4.2 N	ME						
STREET ADDRESS				4.3 ST	REET	ADDRESS	ş İ				ĺ
CITY-ST-ZIP				4.4 CIT	Y-Si	T-ZIP					
TITLE			☐ DELETE	5.1 TIT	LE					Change	☐ Addition
NAME				5.2 NA	ME						
STREET ADDRESS				5.3 ST	REET	ADDRESS	3	, .	•		
CITY-ST-ZIP				5.4 CIT		T-ZIP	<u> </u>				
TITLE	24.5		☐ DELETE	6.1 111	LE		-			Change	Addition
NAME				6.2 NA	ME		1				
STREET ADDRESS				6.3 ST	REET	TADDRESS	3				

6.4 CITY-ST-ZIP CITY-ST-Z:P 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, with all other like empowered.