

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K56171 (7)

1. Corporation Name

FRITH & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

8811 GREAT COVE DRIVE  
~~7700 GOLF CREEK BLVD~~  
ORLANDO FL 32819  
US

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~~7700 GOLF CREEK BLVD~~  
ORLANDO FL 32819  
US

3. Date Incorporated or Qualified

01/06/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2924281

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

21 8811 GREAT COVE DRIVE

Suite, Apt. #, etc.

22

City & State

23 ORLANDO, FLORIDA

Zip

24 32819

Country

25 U.S.

2a. Mailing Address

26 8811 GREAT COVE DRIVE

Suite, Apt. #, etc.

27

City & State

28 ORLANDO, FLORIDA

Zip

29 32819

Country

30 U.S.

9. Name and Address of Current Registered Agent

FRITH, JOHN  
8811 GREAT COVE DRIVE  
ORLANDO FL 32819

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

*J. B. Frith*  
Signature (typed or printed name of registered agent and title, if applicable)

PRESIDENT

(NOTE: Registered Agent signature required when reappointing)

5-29-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
FRITH, JOHN  
STREET ADDRESS 8811 GREAT COVE DRIVE  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME CM  
FRITH, LISA  
STREET ADDRESS 8811 GREAT COVE DRIVE  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address.

SIGNATURE:

*J. B. Frith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-29-96 (407) 363-0739  
Date Daytime Phone #

CR2E034 (12/95)