

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

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AND
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95 FEB 16 AM 7:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L59714** (0)

1. Corporation Name
JOHN FRAIOLI, INC.

Principal Place of Business Mailing Address
5410 HARBORAGE DR. FT. MYERS FL 33912 **5410 HARBORAGE DR. FT. MYERS FL 33912**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/23/1990	03/22/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-3006626	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

FRAIOLI, JOHN
5410 HARBORAGE DR.
FT. MYERS FL 33912

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	Zip Code

FL

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

Signature, typed or printed name of registered agent and 110 if applicable.

(NOTE: Registered Agent signature required when consulting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	SECRETARY/TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRAIOLI, JOHN	12 NAME	GENEVIEVE FRAIOLI
STREET ADDRESS	5410 HARBORAGE DR. <i>Still President</i>	13 STREET ADDRESS	12702 INVERARY CIRCLE
CITY-ST-ZIP	FT. MYERS FL	14 CITY-ST-ZIP	FORT MYERS, FL, 33912
TITLE		2.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	JOSEPH FRAIOLI
STREET ADDRESS		23 STREET ADDRESS	12702 INVERARY CIRCLE
CITY-ST-ZIP		24 CITY-ST-ZIP	FORT MYERS, FL, 33912
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		4.1 TITLE	500001408515
NAME		42 NAME	-02/16/95--01/16/95 Addition
STREET ADDRESS		43 STREET ADDRESS	****200.00 ****200.00
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 in 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 or officer or trustee or trustee or trustee employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR

Date

Signature Number

[Signature] 1/20/95 813-275-7766