2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2020
Secretary of State
6617047291CC

DOCUMENT# P05000154404

Entity Name: FRONTIER OUTFITTERS INC

Current Principal Place of Business:

305 N STORTOR AVE. UNIT 331
EVERGLADES CITY, FL 34139

Current Mailing Address:

PO BOX 1267
FLORA VISTA, NM 87415 US

FEI Number: 75-3204296

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAMPHERE, WADE
305 N STORTOR AVE. UNIT 331
EVERGLADES CITY, FL 34139 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P/D	Title	VP
Name	LAMPHERE, WADE	Name	LAMPHERE, MARK ANDREW JR.
Address	305 N STORTOR AVE. UNIT 331	Address	305 N STORTOR AVE. UNIT 331
City-State-Zip:	EVERGLADES CITY FL 34139	City-State-Zip:	EVERGLADES CITY FL 34139
Title	T/D	Title	S
Name	LAMPHERE, GINA	Name	LAMPHERE, LINDSEY
Address	305 N STORTOR AVE. UNIT 331	Address	305 N STORTOR AVE. UNIT 331
City-State-Zip:	EVERGLADES CITY FL 34139	City-State-Zip:	EVERGLADES CITY FL 34139

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WADE LAMPHERE PRESIDENT 04/28/2020

Electronic Signature of Signing Officer/Director Detail — Date