## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 225180

(9)

FRAKES & HARRIS, INC.

Apr 16 1998 8:00am							
Secretary of State							

EII ED



Principal Place of Business Mailing Address						*** ***** *	119(1 0)9(  180)	
444 E CENTRAL AVE 444 E CENTRAL AVE								
PO BOX 918		PO BOX 918			DO NOT MOITE IN THE OF			
WINTER HAVEN FL 33880 WINTER HAVEN FL 33880			)		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified			
Dringing I D	Name of Charles				06/24/1959			
·	lace of Business	2a. Mailing Address			4, FEI Number	Ш	Applied For	
21	*	26]			59-0869141		Not Applicable	
Suite, Apt.	₩, BIC.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional	
22		27	<u> </u>		S. SSILINGARO OF SIGNES SSILINGS	Fee	Required	
City & State City & State					Election Campaign Financing	\$5.0	0 May Be	
23		26			Trust Fund Contribution	Adde	d to Fees	
Žφ	Country	Zip	Country	<i>'</i>	8. This corporation owes or has paid the curre	nt year	Intangible	
24	25	29	30			Yes	□ No	
	g, Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered A	jent		
l wn	ICHER, RICHARD L.		81	Name				
444	E. CENTRAL AVE.		62	Stroot	Address (P.O. Box Number is Not Acceptable)			
	VITER HAVEN FL 33880		102	3000	Address (F.O. Box Number is Not Acceptable)			
1-11			83					
			84	City		<b>85</b> Zi	p Code	
44 0	10.00			L	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 age		E: Registered Age	mt signalur	s required when reinstating) DATE			
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND I			
TITLE	P	☐ DELETE	1.1 TITLE		L	_ Change	e 📙 Addition	
NAME	WITCHER, RICHARD		1.2 NAME				į	
STREET ADDRESS	444 EAST CENTRAL AVE.		1.3 STREET	ADDRESS				
CITY-ST-ZIP	WINTER HAVEN, FL. 00000		1.4 C/TY-S	T-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			Change	e Addition	
NAME	FRAKES, TOM R.		2.2 NAME					
STREET ADDRESS	444 E. CENTRAL AVENUE		2.3 STREET	ADDRESS			Ï	
CITY-ST-ZIP	WINTER HAVEN FL		2.4 CITY-5					
TITLE	DS	DELETE	3.1 TITLE	J. Lit		Change	e Addition	
NAME	WITCHER, MARJORIE S		3.2 NAME			y.		
STREET ADDRESS	444 E CENTRAL AVE		3.3 STREET	ADDRESS				
CITY-ST-ZIP	WINTER HAVEN FL							
TITLE	MINISTER INVAERA LE	DELETE	3.4. CITY - S	1- £IP		1 Change	A autori.	
			4.1 TITLE		<u></u>	J Vitange	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TETLE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME				1	
STREET ADDRESS			5.3 STREET	ADDRESS			j	
CITY-ST-ZIP			5.4 CITY - S	r-ZIP				
TITLE		DELETE	6.1 TITLE	-		Change	Addition	
NAME			6.2 NAME			•	_	
STREET ADDRESS			6.3 STREET	ADDRESS				
Dily-St-7IP			6.4 CITY, C					

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.

SIGNATURE:

Pulan & Without R

Richard L. W.

4-13.98

941-293-5401

R2E034 (10/97)