

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

006767

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 225180

1. Corporation Name

FRAKES & HARRIS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 27 PM 12:58



Principal Place of Business

444 E CENTRAL AVE
PO BOX 918
WINTER HAVEN FL 33880

Mailing Address

444 E CENTRAL AVE
PO BOX 918
WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1959

4. FEI Number

59-0869141

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 owes the current year
Intangible Personal Property

☐ Yes

☐ No

2. Principal Place of Business

21 580 N. Ridge Ave
Suite, Apt. #, etc.

22 City & State

23 Lake Alfred FL

24 33850

Country

USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 P.O. Box 918

28 City & State

29 Winter Haven FL

Zip

33882

Country

USA

9. Name and Address of Current Registered Agent

WITCHER, RICHARD L.
444 E. CENTRAL AVE.
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name
Witcher Richard L.
82 Street Address (P.O. Box Number is Not Acceptable)
580 N. Ridge Ave
83
84 City
Lake Alfred FL 85 Zip Code
33850

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

P WITCHER, RICHARD ☐ DELETE

444 EAST CENTRAL AVE.

WINTER HAVEN, FL. 00000

D ☒ DELETE

FRAKES, TOM R.

444 E. CENTRAL AVENUE

WINTER HAVEN FL

DS ☐ DELETE

WITCHER, MARJORIE S

444 E CENTRAL AVE

WINTER HAVEN FL

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

P ☒ Change ☐ Addition

Witcher Richard

580 N. Ridge Ave.

Lake Alfred FL 33850

☐ Change ☐ Addition

800003006298--0

-10/05/99--01100--005

***550.00 ***550.00

☐ Change ☐ Addition

S/D

Witcher, Marjorie S.

580 N. Ridge Ave

Lake Alfred FL 33850

☐ Change ☐ Addition

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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:

Richard L. Witcher

Richard L. Witcher

9/24/99

863-956-5358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)