

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

**FILED**

**Mar 19 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # 232060 (4)**  
1. Corporation Name  
**FRITH ABSTRACT & TITLE COMPANY**



Principal Place of Business: **501 N BYRON BUTLER PKWY  
P.O. BOX 515  
PERRY FL 32347  
US**

Mailing Address: **P.O. BOX 515  
P.O. BOX 515  
PERRY FL 32348-0515  
US**

3. Date incorporated or Qualified: **01/12/1960** 3a. Date of Last Report: **05/01/1996**  
4. FEI Number: **59-0933151** 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 State, Apt. #, etc. 22 City & State 23 Zip Country 24  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

**9. Name and Address of Current Registered Agent** **10. Name and Address of New Registered Agent**

**FRITH JR, D L  
501 N BYRON BUTLER PKWY  
PERRY FL 32347**

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 607.1506, 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: (Signatures for the principal officers, directors, and agents are not required.) (NOTE: Registered Agent signature required when re-instating.) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>FRITH, D L</b>	
STREET ADDRESS	<b>501 N BYRON BUTLER PKWY</b>	
CITY-STATE-ZIP	<b>PERRY FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>FRITH, VIOLET C,</b>	
STREET ADDRESS	<b>501 N BYRON BUTLER PKWY</b>	
CITY-STATE-ZIP	<b>PERRY FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>FRITH, RICHARD D.</b>	
STREET ADDRESS	<b>501 N BYRON BUTLER PKWY</b>	
CITY-STATE-ZIP	<b>PERRY FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>ROWELL, KAY E.</b>	
STREET ADDRESS	<b>501 N BYRON BUTLER PKWY</b>	
CITY-STATE-ZIP	<b>PERRY FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do 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:** *D. L. Frith, Jr.* **D. L. FRITH, JR.** **3/14/97** **904-584-2672**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/96)