

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

FILED  
Jan 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **273558** (7)  
1. Corporation Name  
**FRTL, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>155 E. 21ST STREET JACKSONVILLE FL 32206</b>	Mailing Address <b>C/O DENNIS D. FRICK P.O. BOX 4667 JACKSONVILLE FL 32201 US</b>
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3. Date Incorporated or Qualified <b>09/10/1963</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-1083647</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent <b>FRICK, DENNIS 155 EAST 21ST STREET JACKSONVILLE FL 32206</b>	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PDC</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, JOHN E</b>	1.2 NAME	
STREET ADDRESS	<b>155 E 21ST ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRICK, DENNIS D</b>	2.2 NAME	
STREET ADDRESS	<b>155 E. 21ST STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MABBETT, JOHN R III</b>	3.2 NAME	
STREET ADDRESS	<b>155 E. 21ST ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CARLSON, RUGGLES B</b>	4.2 NAME	<b>Treasurer &amp; Director</b>
STREET ADDRESS	<b>155 E 21ST ST</b>	4.3 STREET ADDRESS	<b>James Jeffrey Gilstrap</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>	4.4 CITY-ST-ZIP	<b>155 East 21st Street</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Assistant Secretary</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>Wallace A. Patzke, Jr.</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>155 East 21st Street</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4.1 CITY-ST-ZIP	<b>Jacksonville, FL 32206</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Assistant Secretary</b>
5.3 STREET ADDRESS	<b>Wallace A. Patzke, Jr.</b>
5.4 CITY-ST-ZIP	<b>155 East 21st Street</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Dennis D. Frick* Dennis D. Frick, Secretary 01-05-98 904-355-1781

CR2E034 (10/97)