

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
--	---	---

**DOCUMENT # 273558 (7)**  
1. Corporation Name  
**FRTL, INC.**



Principal Place of Business 155 E. 21ST STREET JACKSONVILLE FL 32206	Mailing Address C/O DENNIS D. FRICK P.O. BOX 4667 JACKSONVILLE FL 32201 US
--	--

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified  
**09/10/1963**

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

4. FEI Number <b>59-1083647</b>	Applied For <input type="checkbox"/> Not Applicable
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	

9. Name and Address of Current Registered Agent  
**FRICK, DENNIS  
155 EAST 21ST STREET  
JACKSONVILLE FL 32206**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

TITLE	<b>PDC</b> <input type="checkbox"/> DELETE
NAME	<b>ANDERSON, JOHN E</b>
STREET ADDRESS	<b>155 E 21ST ST</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>FRICK, DENNIS D</b>
STREET ADDRESS	<b>155 E. 21ST STREET</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>MABBETT, JOHN R III</b>
STREET ADDRESS	<b>155 E. 21ST ST.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CARLSON, RUGGLES B</b>
STREET ADDRESS	<b>155 E 21ST ST</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-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-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Treasurer &amp; Director</b>
4.3 STREET ADDRESS	<b>James Jeffrey Gilstrap</b>
4.4 CITY-ST-ZIP	<b>155 East 21st Street</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)