

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

**FILED**  
**Jan 25, 1999 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1999



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

01-25-1999 90009 043 \*\*\*150.00

DOCUMENT # 273558

1. Corporation Name  
**FRTL, INC.**



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 09/10/1963  
 4. FEI Number: 59-1083647 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 Tax: Yes No

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

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  
 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 607.1508, 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PDC <input type="checkbox"/> DELETE
NAME	ANDERSON, JOHN E
STREET ADDRESS	155 E 21ST ST
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	S <input type="checkbox"/> DELETE
NAME	FRICK, DENNIS D
STREET ADDRESS	155 E. 21ST STREET
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	VD <input type="checkbox"/> DELETE
NAME	MABBETT, JOHN R III
STREET ADDRESS	155 E. 21ST ST.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	GILSTRAP, JAMES J
STREET ADDRESS	155 E 21ST ST
CITY-ST-ZIP	JACKSONVILLE FL 32206
TITLE	AS <input type="checkbox"/> DELETE
NAME	PATZKE, WALLACE A JR
STREET ADDRESS	155 E 21ST ST
CITY-ST-ZIP	JACKSONVILLE FL 32206
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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: *Dennis D. Frick* **REQUIRE** DENNIS D. Frick, Secretary 1/5/99 355-1781  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)