SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:36

DOCUMENT # **274044** **(7)**

1. Corporation Name

FREMONT AND COMPANY

Principal Place of Business	Mailing Address
62 RAVENWOOD DRIVE **PORT ORANGE FL 32119-4037**	**62 RAVENWOOD DRIVE** **PORT ORANGE FL 32119-4037**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/25/1963**
3a. Date of Last Report: **02/23/1994**

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — County (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — County (30)

4. FEI Number: **59-1026988** ☐ 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 authority to indemnify its directors as provided in Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FREMONT,ROBERT W
62 RAVENWOOD DR.
PORT ORANGE FL 32119
32119

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, within the State of Florida. Such change was authorized by the corporation (by) its 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: Robert M Fremont — 6/27/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	☐ Change ☐ Addition
NAME	FREMONT, ROBERT W	2 NAME	
STREET ADDRESS	62 RAVENWOOD DR	3 STREET ADDRESS	
CITY ST ZIP	PORT ORANGE, FL 00000 32119	4 CITY ST ZIP	
TITLE	D	5 TITLE	☐ Change ☐ Addition
NAME	FREMONT, PAUL D.	6 NAME	
STREET ADDRESS	557 NEWTON RD.	7 STREET ADDRESS	
CITY ST ZIP	PORT ORANGE, FL 00000 32127	8 CITY ST ZIP	
TITLE	STD	9 TITLE	☐ Change ☐ Addition
NAME	FREMONT, EVELYN	10 NAME	
STREET ADDRESS	62 RAVENWOOD DR	11 STREET ADDRESS	
CITY ST ZIP	PORT ORANGE, FL 00000 32119	12 CITY ST ZIP	
TITLE	D	13 TITLE	☐ Change ☐ Addition
NAME	FREMONT-MOORE, ELANA I.	14 NAME	
STREET ADDRESS	62 RAVENWOOD DR	15 STREET ADDRESS	
CITY ST ZIP	PORT ORANGE, FL 00000 32119	16 CITY ST ZIP	
TITLE		17 TITLE	☐ Change ☐ Addition
NAME		18 NAME	
STREET ADDRESS		19 STREET ADDRESS	
CITY ST ZIP		20 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	

CR2E034 (3/95)

14. I (do) hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 above, or on an attachment with an (A) next to my name.

SIGNATURE: Robert M Fremont — 6/27/95

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Title — Date

0126000 FP