

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90055 016 ***150.00

DOCUMENT # 354166

1. Corporation Name
FRANCES G. FREEMAN, INC.

Principal Place of Business

14126 7TH STREET
P O BOX 497
DADE CITY FL 33525
US

Mailing Address

POST OFFICE BOX 497
P O BOX 497
DADE CITY FL 33526-0497
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1969

4. FEI Number

59-1273428

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 14136 7TH ST

Suite, Apt. #, etc.

22 P O BOX 497

City & State

23 Dade City, FL.

Zip

24 33525

Country

25 US

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MCCLAIN, JOE A
402 E CHURCH AVE
DADE CITY FL 33526-7497

10. Name and Address of New Registered Agent

81 Name

McCLAIN Joe A.

82 Street Address (P.O. Box Number is Not Acceptable)

37908 CHURCH AV

83

84 City

Dade City

85 Zip Code

FL 33525

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME FREEMAN, FRANCES G
STREET ADDRESS 408 E. PASCO AVE
CITY-ST-ZIP DADE CITY FL

TITLE D ☒ DELETE

NAME HAWES, JEAN F
STREET ADDRESS 204 NO. 13TH STREET
CITY-ST-ZIP DADE CITY FL

TITLE TSD ☐ DELETE

NAME FREEMAN, H CLIFFORD
STREET ADDRESS 408 E. PASCO AVE
CITY-ST-ZIP DADE CITY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Freeman, Frances G
1.3 STREET ADDRESS 14250 13 TH. ST.
1.4 CITY-ST-ZIP Dade City FL 33523

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE TSD ☒ Change ☐ Addition

3.2 NAME Freeman, H CLIFFORD
3.3 STREET ADDRESS 35304 BASELINE LN.
3.4 CITY-ST-ZIP Dade City, FL. 33525

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

H. Clifford Freeman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99

Date

352 567 3400

Daytime Phone #

CR2E034 (11/98)