FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** ELORIDA DEPARTMENT DE STATE

CORPORATION ANNUAL REPORT

1998

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 373461

(3)

FRAMLOW, INC.

FILED Apr 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 638 EAST HIGHWAY 50 12009 NICOLETTE COURT CLERMONT FL 34711 CLERMONT FL 34711 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/02/1970 2. Principal Place of Business 2a. Mailing Address Applied For 309 East Highway 50 26 59-1309123 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Clermont, FL 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 34711 US 25 29 Personal Property Tax due June 30. X Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name FRAME, EDWARD M 12609 NICOLETTE COURT Street Address (P.O. Box Number is Not Acceptable) **CLERMONT FL 34711** 83 84 City Zip Code 11. Pursuant to the provisions of Soctions 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 it applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change ___ Addition FRAME, EDWARD M NAME 1.2 NAME 12609 NICOLETTE COURT STREET ADDRESS 1.3 STREET ADDRESS CLERMONT FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition FRAME, SU MOI NAME 2.2 NAME STREET ADDRESS 12609 NICOLETTE COURT 2.3 STREET ADDRESS CLERMONT FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-St-ZIP DELETE TITLE 61 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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.

President

2/4/9£

(35.2) 242-9676

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

(352) 242-9676