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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 828575

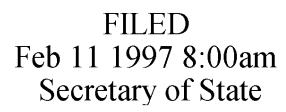
PHRAZER CO., INC.

(1)

Principal Place of Business	Mailing A
580 HUCKLEBERRY MTN. RD. W.	580 HUCK
HENDERSONVILL N. 28782	HENDERS

Address

(Leberry MTN. Rd. W. HENDERSONVILLE N. 28792





					3. Date Incorporated or Qualified	3a. Date of Last Report 05/01/1996	
9 Principal D	lace of Business	2a. Mailing Address			08/31/1972		
	OVERLOOK Dr.	26 5/6 OVEK	LOOK		4. FEI Number 58-1177700	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	7.44	City & State			6. Election Campaign Financing	\$5.00 May Be	
23 FLA	T ROCK, NC	28 FLAT ROC	K, NC	•	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for in		
24 28	731 25 USA	120	30	5 #		Yes 🔼 No	
	9. Name and Address of Cu	irrent Registered Agent		10. Name and Address of New Registered Agent			
HEVIER, JAN J							
41 COMMERCE ST			82	82 Street Address (P.O. Box Number is Not Acceptable)			
APALACHICOLA FL 32320							
			83				
	i		84	City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code	
			"	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							
	Signature, typed or printed name of registers		: Registered Agent	signature require		DATE	
12.		S AND DIRECTORS	13,		ADDITIONS/CHANGES TO OFFIC		
THE	P	DELETE	1.1 TITLE			Change Addition	
NAME	DEES, JEFFERY W.		1.2 NAME		Market and a service of the contract of the		
STREET ADDRESS	580 HUCKLEBERRY MTN.	RD. W.	1.3 STREET AD	ODRESS 7	5/6 OVERLOOK Dr. FLAT ROCK, NC 2	•_	
CHY-SI-ZIP	HENDERSONVILLE FL		1.4 CITY - ST- 2	ZIP	FLAT ROCK, NC 2	273/	
DILE	ST	☐ DELETE	2.1 TITLE			Change Addition	
NAME	Frantz, William e		2.2 NAME				
STREET ADDRESS	ADDRESS 6100 LK FOREST DR SUITE 400		2.3 STREET AD	DORESS			
C(1)Y-\$1-7 P	atlanta ga		2. 4 CITY - ST -	ZIP			
1/ILE		DELETE	3.1 TITLE			Change Addition	
NAME			3.2 NAME	Ì			
STREET ADDRESS			3.3 STREET AD	DRESS		•	
CITY-ST-7IP			3.4. CITY - ST-	ZIP			
THLE		DELETE	4.1 TITLE			Change Addition	
NAME			4. 2 NAME				
STREET ACCRESS			4.3 STREET AD	DRESS			
CITY - ST - ZIP			4.4 CITY - ST - 2				
TITLE		DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·		Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET AD	ODRESS			
CITY-ST-ZIP			5.4 CITY-ST-2	l l			
TITLE		DELETE	6.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME			6.2 NAME			• • • • • • • • • • • • • • • • • • • •	
STREET ADDRESS			6.3 STREET AD	OORESS			
CITY-ST-ZIP			6.4 CITY-ST-2	Ĩ		İ	
14. I do hereb	by certify that the information sup	pplied with this filing does not qualif	v for the exemi	otion 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 of the corporation or on an effective with an address.							