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**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 MAY -1 PM 1:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # H50331

(8)

1. Corporation Name

THE FRYE GROUP, INCORPORATED

Principal Place of Business

**C/O EARL L. FRYE
3411 TAMiami TRAIL NORTH
NAPLES FL 33940**

Mailing Address

**C/O EARL L. FRYE
3411 TAMiami TRAIL NORTH
NAPLES FL 33940**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/27/1985

3a. Date of Last Report

04/19/1994

4. FEI Number

59-2519714

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032.

Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 180 Crown Drive

Suite, Apt. #, etc.

22

City & State

23 Naples, FL

Zip

24 33942

Country

25

2a. Mailing Address

26 180 Crown Drive

Suite, Apt. #, etc.

27

City & State

28 Naples, FL

Zip

29 33942

Country

30 USA

9. Name and Address of Current Registered Agent

**FRYE, EARL L.
3411 TAMiami TRAIL NORTH
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name

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

180 Crown Drive

83

84 City

FL

85 Zip Code

33942

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

Earl L. Frye

4/26/95

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **FRYE, EARL L.**
STREET ADDRESS **3411 TAMiami TRAIL NO.**
CITY - ST - ZIP **NAPLES FL**

TITLE **DVS**
NAME **FRYE, DAVID E.**
STREET ADDRESS **3411 TAMiami TRAIL N.**
CITY - ST - ZIP **NAPLES FL**

TITLE **DV**
NAME **FRYE, SHIRLEY A.**
STREET ADDRESS **3411 TAMiami TR. N.**
CITY - ST - ZIP **NAPLES FL**

TITLE **V**
NAME **FRYE, MICHAEL J.**
STREET ADDRESS **3411 TAMiami TR. N.**
CITY - ST - ZIP **NAPLES FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **Frye, Earl L.**
1.3 STREET ADDRESS **180 Crown Drive**
1.4 CITY - ST - ZIP **Naples, FL 33942**

2.1 TITLE **ST** ☒ Change ☐ Addition
2.2 NAME **Klecker, Elizabeth K.**
2.3 STREET ADDRESS **180 Crown Drive**
2.4 CITY - ST - ZIP **Naples, FL 33942**

3.1 TITLE **DV** ☒ Change ☐ Addition
3.2 NAME **Frye, Shirley A.**
3.3 STREET ADDRESS **180 Crown Drive**
3.4 CITY - ST - ZIP **Naples, FL 33942**

4.1 TITLE **V D** ☒ Change ☐ Addition
4.2 NAME **Frye, Michael J.**
4.3 STREET ADDRESS **180 Crown Drive**
4.4 CITY - ST - ZIP **Naples, FL 33942**

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 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(2)(k), 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, or on an attachment with an address.

SIGNATURE:

Earl L. Frye, President

4/26/95

(813) 566-8080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #