

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H50331 (8)
 1. Corporation Name
THE FRYE GROUP, INCORPORATED



Principal Place of Business 180 CROWN DRIVE NAPLES FL 33942 US	Mailing Address 180 CROWN DRIVE NAPLES FL 34110-5703 US
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2. Principal Place of Business 21 4975 Bonita Beach Road Suite, Apt. #, etc.		2a. Mailing Address 26 4975 Bonita Beach Road Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/27/1985		3a. Date of Last Report 05/01/1996	
22 City & State 23 Bonita Springs, FL		27 City & State 28 Bonita Springs, FL		4. FEI Number 59-2519714		Applied For <input type="checkbox"/> Not Applicable	
24 Zip 34134		25 Country Collier		29 Zip 34134		30 Country Collier	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent FRYE, EARL L. 180 CROWN DRIVE NAPLES FL 33940				10. Name and Address of New Registered Agent			
81 Name Earl L. Frye				82 Street Address (P.O. Box Number is Not Acceptable) 4975 Bonita Beach Road			
83				84 City Bonita Springs			
				85 Zip Code FL 34134			

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FRYE, EARL L.		1.2 NAME				
STREET ADDRESS	180 CROWN DRIVE		1.3 STREET ADDRESS	4975 Bonita Beach Road			
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Bonita Springs, FL 34134			
TITLE	ST	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KLECKER, ELIZABETH K.		2.2 NAME				
STREET ADDRESS	180 CROWN DRIVE		2.3 STREET ADDRESS	4975 Bonita Beach Road			
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	Bonita Springs, FL 34134			
TITLE	DV	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FRYE, SHIRLEY A.		3.2 NAME				
STREET ADDRESS	180 CROWN DRIVE		3.3 STREET ADDRESS	4975 Bonita Beach Road			
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Bonita Springs, FL 34134			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FRYE, MICHAEL J.		4.2 NAME				
STREET ADDRESS	180 CROWN DRIVE		4.3 STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/25/97 **941-988-6684**
 Date Daytime Phone #

CR2E034 (9/96)