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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

DOCUMENT # H59581

(9)

1. Corporation Name

FRYE INVESTMENT CORPORATION

Principal Place of Business

180 CROWN DRIVE
3411 TAMiami TRAIL NORTH
NAPLES FL 33942
US

Mailing Address

180 CROWN DRIVE
3411 TAMiami TRAIL NORTH
NAPLES FL 34103-3700
US



3. Date Incorporated or Qualified
05/22/1985

3a. Date of Last Report
05/01/1996

4. FEI Number
59-2576814

Applied For
Not Applicable

6. 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 4975 Bonita Beach Road
Suite, Apt. #, etc.

2a. Mailing Address

26 4975 Bonita Beach Road
Suite, Apt. #, etc.

City & State

23 Bonita Springs, FL

Zip Country
24 34134 25 Collier

City & State

28 Bonita Springs, FL

Zip Country
29 34134 30 Collier

9. Name and Address of Current Registered Agent

FRYE, EARL L.
180 CROWN DRIVE
NAPLES FL 33942

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

FL

85 Zip Code

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

TITLE DP ☐ DELETE
NAME FRYE, EARL L.
STREET ADDRESS 180 CROWN DRIVE
CITY-ST-ZIP NAPLES FL

TITLE ST ☐ DELETE
NAME KLECKER, ELIZABETH K.
STREET ADDRESS 180 CROWN DRIVE
CITY-ST-ZIP NAPLES FL

TITLE VD ☐ DELETE
NAME FRYE, SHIRLEY A.
STREET ADDRESS 180 CROWN DRIVE
CITY-ST-ZIP NAPLES FL

TITLE VD ☒ DELETE
NAME FRYE, MICHAEL J.
STREET ADDRESS 180 CROWN DRIVE
CITY-ST-ZIP NAPLES FL

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 ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 4975 Bonita Beach Road
1.4 CITY-ST-ZIP Bonita Springs, FL 34134

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 4975 Bonita Beach Road
2.4 CITY-ST-ZIP Bonita Springs, FL 34134

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 4975 Bonita Beach Road
3.4 CITY-ST-ZIP Bonita Springs, FL 34134

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97

941-498-6699

CR2E034 (9/96)