

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H78904** (0)
1. Corporation Name
FRAILEY, INC.



Principal Place of Business: **1006 46 AVE E #023 BRADENTON FL 34203**
Mailing Address: **1006 46 AVE E #023 BRADENTON FL 34203**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/02/1985	3a. Date of Last Report 07/19/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2591964	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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				10. Name and Address of New Registered Agent			
FRAILEY, GREGORY R FRAILEY, INC 1006 46 AVE E #023 BRADENTON FL 34203				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDINGER, DAWN M.	1.2 NAME	
STREET ADDRESS	520 97TH AVE NORTH A	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAILEY, JOHN A.	2.2 NAME	
STREET ADDRESS	17 RAY RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLETOWN PA	2.4 CITY-ST-ZIP	
TITLE	DPT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAILEY, GREGORY R.	3.2 NAME	
STREET ADDRESS	4 WEDGEWOOD KNOLL	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILLIAMSPORT PA 17701	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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 if changed, or on an attachment with an address.

SIGNATURE: *Gregory R. Frailey* **5/8/96** **813-256-2774**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (12/95)