

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JUN 13 AM 8:41

**DOCUMENT # H81801 (3)**

1. Corporation Name

**JOHN T. FRYBACK, PROFESSIONAL ASSOCIATION**

Principal Place of Business

Mailing Address

**C/O JOHN T. FRYBACK  
9007 MANATEE AVENUE WEST  
BRADENTON FL 34205**

**C/O JOHN T. FRYBACK  
9007 MANATEE AVENUE WEST  
BRADENTON FL 34205**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

**10/22/1985**

**04/15/1994**

4. FEI Number

Applied For

**59-2584809**

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

7. The corporation has liability for intangible tax under s. 190.019  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRYBACK, JOHN T.  
9007 MANATEE AVENUE WEST  
BRADENTON FL 34205**

81 Name

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

**811 MANATEE AVE WEST**

83

84 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 registered agent and the corporation)

NOTE: Registered Agent signature required when resigning

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

**PVD  
FRYBACK, JOHN T.  
3007 MANATEE AVE. W.  
BRADENTON FL**

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY ST ZIP

**811 MANATEE AVE WEST**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

**STD  
FRYBACK, SUSAN E.  
3007 MANATEE AVE. W.  
BRADENTON FL**

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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 110.07(3)(b), 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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 21 if changed, or on an attachment with an address.

SIGNATURE:

**(John T. Fryback)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/8/95**  
Date

**(941) 747-3266**  
Telephone Number

CR2E034 (3/95)