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 # **J36622** **(5)**

1. Corporation Name

FRCC PROPERTIES, INCORPORATED

Principal Place of Business	Mailing Address
119 N.W. 8TH STREET OKEECHOBEE FL 34972	119 N.W. 8TH STREET OKEECHOBEE FL 34972

3. Date Incorporated or Qualified: 10/08/1986
3a. Date of Last Report: 04/14/1995
4. FEI Number: 59-2791484 ☐ Applied For ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1901 S.W. 37TH AV	26 1901 S.W. 37TH AV
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 OKEECHOBEE FL	City & State 28 OKEECHOBEE FL
Zip 24 34974 Country 25 OKEECHOBEE	Zip 29 34974 Country 30 OKEECHOBEE

9. Name and Address of Current Registered Agent

FREEMAN, GLADYS M.
119 N.W. 8TH ST.
OKEECHOBEE FL 34972

10. Name and Address of New Registered Agent

81 Name: GLADYS M. FREEMAN
82 Street Address (P.O. Box Number is Not Acceptable): 1901 S.W. 37TH AV
83
84 City: OKEECHOBEE **FL** 85 Zip Code: 34974

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: Gladys M. Freeman 3-28-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when name changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	☐ DELETE	1.1 TITLE	DV ☒ Change ☐ Addition
NAME	FREEMAN, GLADYS M.		1.2 NAME	CHARLOTTE F. SULLIVAN
STREET ADDRESS	1901 S.W. 37TH AVE.		1.3 STREET ADDRESS	RT. 5 BOX 2520
CITY-ST-ZIP	OKEECHOBEE FL		1.4 CITY-ST-ZIP	TALLAHASSEE FL 32311
TITLE	DV	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FREEMAN, WILLIAM H.		2.2 NAME	
STREET ADDRESS	1989 SW 37TH AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL		2.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CANDLER, MARCIA L.		3.2 NAME	
STREET ADDRESS	11000NW 64TH TRAIL		3.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: GLADYS M. FREEMAN Gladys M Freeman 3-28-96 941-763-3610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #