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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J82260

1. Corporation Name

DANIEL FREDERICKS & ASSOCIATES, INC.

Principal Place of Business

1480 MAIN STREET
SARASOTA FL 34236-7833
US

Mailing Address

1480 MAIN STREET
SARASOTA FL 34236-7833
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1987

4. FEI Number

59-2822167

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

NIEDRICH, KELLY ANN
1527 PEREGRINE POINT DRIVE
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name Fred B. Niedrich

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

1527 Peregrine Point Drive

84 City Sarasota

FL

85 Zip Code

34231

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 *Fred B. Niedrich* Fred B. Niedrich, President

DATE 2/1/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME NIEDRICH, KELLY ANN
STREET ADDRESS 1527 PEREGRINE POINT DR.
CITY-ST-ZIP SARASOTA FL

TITLE TD ☒ DELETE

NAME LAWRENCE, DANIEL J
STREET ADDRESS 300 MADISON DR., SUITE 101
CITY-ST-ZIP SARASOTA FL

TITLE VPD ☒ DELETE

NAME ELMY, ROBERT
STREET ADDRESS 541 WESTMOUNT LANE
CITY-ST-ZIP VENICE FL

TITLE SD ☐ DELETE

NAME MOSTYN-BROWN, LOUISE
STREET ADDRESS 4482 MCINTOSH PARK DR., #1705
CITY-ST-ZIP SARASOTA FL 34232

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 Vice President ☒ Change ☐ Addition

1.2 NAME Niedrich, Kelly Ann

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Secretary & Treasurer ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 4106 Central Sarasota Pkwy #1033

4.4 CITY-ST-ZIP

5.1 TITLE President ☐ 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 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, with all other like empowered.

SIGNATURE: *Louise Mostyn-Brown* Louise Mostyn-Brown 2/1/99 941-951-2090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #