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DOCUMENT # K16621

1. Entity Name

JOHN A. FRIES CONSTRUCTION, INC.

FILED

00 MAR -3 AM 10:23

Principal Place of Business

5948 CLARK CENTER AVE
SARASOTA FL 34238

Mailing Address

2227 RIVER RIDGE DRIVE
SARASOTA FL 34239-4224SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A0004998

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0046999

Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIES, JOHN A
2227 RIVER RIDGE DRIVE
SARASOTA FL 34239

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	0	<input type="checkbox"/> Delete
NAME	FRIES, JOHN A.	
STREET ADDRESS	2227 RIVER RIDGE DRIVE	
CITY-ST-ZIP	SARASOTA FL 34239	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	0000003171510-5	
STREET ADDRESS	-03/15/00--01037--014	
CITY-ST-ZIP	***150.00 ***150.00	

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STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN A. FRIES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

president
 Title

1/04/99
 Date

941-925-21
 Daytime Phone #