

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Candace B. Northrup
Secretary of State
1725 North U.S. 1 NORTH STATE ST.
TALLAHASSEE, FLORIDA 32304

APPROVED
AND
FILED

DOCUMENT # **K28257** (9)

1. Corporation Name

C. J. FRAZIER ENTERPRISES, INC.

5:01 PM - 11/11/95

FILED
TALLAHASSEE, FLORIDA

2. Principal Place of Business

**2180 KINGS ROAD
SUITE A
JACKSONVILLE FL 32209**

3. Mailing Address

**2180 KINGS ROAD
SUITE A
JACKSONVILLE FL 32209**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1988

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEE Number

59-2896517

Applied For

Not Applicable

22. State App. # of

22

27. State App. # of

27

5. Certificate of Statutes Demand

☒

**\$8.75 Additional
Fee Required**

23. City & State

23

28. City & State

28

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24. City & State

24

29. City & State

29

30. City & State

30

8. This corporation has liability for information provided by Chapter 661, Florida Statutes

Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

**FRAZIER, CANDACE J.
2180 KINGS ROAD
JACKSONVILLE FL 32209**

10. Name and Address of New Registered Agent

81. Name

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

83

84. City

FL

85

Zip Code

11. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law from 11.001, 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 cause the same to be filed as required by law. I am not a director, officer, or shareholder of this corporation or the issuer of its securities and I am not a person who has been convicted of a crime involving fraud or dishonesty within the last five years.

Signature

12. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law from 11.001, Florida Statutes.

12

Name

Principal Address

City & State

Zip Code

Name

Principal Address

City & State

Zip Code

Name

Principal Address

City & State

Zip Code

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City & State

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Zip Code

Name

Principal Address

City & State

Zip Code

13

ADDITIONAL CHANGES TO BE MADE TO THE APR 1994 FILING

☐ Change ☐ Addition

1. NAME

2. PRINCIPAL ADDRESS

3. CITY & STATE

4. ZIP CODE

5. NAME

6. PRINCIPAL ADDRESS

7. CITY & STATE

8. ZIP CODE

9. NAME

10. PRINCIPAL ADDRESS

11. CITY & STATE

12. ZIP CODE

13. NAME

14. PRINCIPAL ADDRESS

15. CITY & STATE

16. ZIP CODE

17. NAME

18. PRINCIPAL ADDRESS

19. CITY & STATE

20. ZIP CODE

21. NAME

22. PRINCIPAL ADDRESS

23. CITY & STATE

24. ZIP CODE

25. NAME

26. PRINCIPAL ADDRESS

27. CITY & STATE

28. ZIP CODE

29. NAME

30. PRINCIPAL ADDRESS

31. CITY & STATE

32. ZIP CODE

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law from 11.001, 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 cause the same to be filed as required by law. I am not a director, officer, or shareholder of this corporation or the issuer of its securities and I am not a person who has been convicted of a crime involving fraud or dishonesty within the last five years.

SIGNATURE:

Candace J. Frazier - President
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 904-356-7141