SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **K28257** **(9)**

1. Corporation Name
C. J. FRAZIER ENTERPRISES, INC.

Principal Place of Business
2180 KINGS ROAD
SUITE A
JACKSONVILLE FL 32209

Mailing Address
2180 KINGS ROAD
SUITE A
JACKSONVILLE FL 32209

3. Date Incorporated or Qualified: **07/06/1988**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2896517** — 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

2. Principal Place of Business
21
Suite Apt # etc.
22
City & State
23
Zip 24 — Country 25

2a. Mailing Address
26
Suite Apt # etc.
27
City & State
28
Zip 29 — Country 30

8. This corporation has liability for intangible tax under Section 199.032 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. Pursuant to the provisions of Section 607.0505 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. The change was authorized by the corporation's board of directors. Thereby, it accepts the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE — DATE

12. CURRENT OFFICERS AND DIRECTORS

TITLE	**PSC**
NAME	**FRAZIER, CANDACE J.**
STREET ADDRESS	**2180 KINGS ROAD**
CITY, ST, ZIP	**JACKSONVILLE FL**
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
☐ DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Add
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Add
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Add
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Add
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Add
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Add
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

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-08/20/96--01065--002
***1125.00

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same force and effect as my manual signature. I further certify that the corporation has complied with all applicable provisions of Florida Statutes, including but not limited to Section 607.0505 and Chapters 607 and 617, Florida Statutes. I understand that the filing of this report or supplemental report is voluntary, that the information provided in this report or supplemental report is true and accurate and that the signature on this report or supplemental report shall be deemed to be my signature and have the same force and effect as if I had manually signed the report or supplemental report. I further certify 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 I am aware that false information submitted in a report or application may be punished by fine or imprisonment or both under applicable state or federal law.

SIGNATURE: Candace Frazier — 8-12-96 — 904-356-7141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0132357 FP

CR2E034 (3/96)