

FILED FOR FILING FEE (FEE) MAY 1 1998

PROFIT
CORPORATION
ANNUAL REPORT
1998 AMENDED



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

DOCUMENT # L22421 (6)
1. Corporation Name
POWELL, FRAGALA & ASSOCIATES, INC.

Principal Place of Business Mailing Address
5190 S. FLORIDA AVENUE P O BOX 6467
SUITE 115 BUILDING A
LAKELAND FL 33813 LAKELAND FL 33807-6467
US US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
10/09/1989
4. FEI Number Applied For
59-2974155 Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution ☐ Added to Fees
7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

8. Name and Address of Current Registered Agent

FRAGALA, AUGUSTINE M. JR.
5150 S FLORIDA AVE
SUITE 115
LAKELAND FL 33813

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DVP	☐ DELETE
NAME	FRAGALA, AUGUSTINE M.	
STREET ADDRESS	6223 PINE LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	PST	☒ DELETE
NAME	FRAGALA, I. LOUISE	
STREET ADDRESS	6223 PINE LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	D PST
2.3 STREET ADDRESS	FRAGALA, I. LOUISE
2.4 CITY-ST-ZIP	6223 PINE LANE LAKELAND, FL. 33813
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	300002642545
6.3 STREET ADDRESS	-09/17/98--01080--022
6.4 CITY-ST-ZIP	***70.00

14. I do 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.

SIGNATURE: *Augustine M. Fragala, Jr.* AUGUSTINE M. FRAGALA, JR. 9/8/98 941/644-0951
OFFICER OR DIRECTOR

FILED
Sep 16 1998 8:00am
Secretary of State



AMENDMENT