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FILED

Apr 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L80815 (8)

1. Corporation Name  
FRAZER-BERNER ADVERTISING, INC.

Principal Place of Business

555 W GRANADA BLVD  
A-7  
ORMOND BEACH FL 32174  
US

Mailing Address

555 W GRANADA BLVD  
A-7  
ORMOND FL 32174-9431  
US

2. Principal Place of Business

21 1615 RIDGEWOOD AVE

22 HOLLY HILL, FL

23 FLORIDA

24 32117

2a. Mailing Address

25 1615 RIDGEWOOD AVE

27 HOLLY HILL

28 FLORIDA

29 32117

30 U.S.A.

3. Date Incorporated or Qualified

06/14/1990

3a. Date of Last Report

04/16/1996

4. FEI Number

59-3010521

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

FRAZER, SIDNEY J.  
555 W GRANADA BLVD  
A7  
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name

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

1615 RIDGEWOOD AVE

83

84 City

HOLLY HILL

FL

85 Zip Code

32117

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 607.0605, 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 D  
NAME FRAZER, SIDNEY J.  
STREET ADDRESS 170 JOHN ANDERSON DR  
CITY-ST-ZIP ORMOND BEACH FL

TITLE D  
NAME BERNER, DEBRA A  
STREET ADDRESS 933 VILLAGE DR  
CITY-ST-ZIP ORMOND BCH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/21/97 904-676-0254

0024716

CR2E034 (9/96)