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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90097 042 \*\*\*150.00

DOCUMENT # L91385

1. Corporation Name

FRAZIER & ASSOCIATES, INC.

Principal Place of Business

27100 HICKORY HILL RD  
P O BOX 10155  
BROOKSVILLE FL 34602

Mailing Address

P O BOX 10155  
P O BOX 10155  
BROOKSVILLE FL 34601  
US

2. Principal Place of Business

21 33523 JESSAMINE RD.  
Suite, Apt. #, etc.

2a. Mailing Address

26 P. O. Box 217  
Suite, Apt. #, etc.

City & State

23 DADE CITY FL

City & State

28 DADE CITY, FL

Zip

Country

24 33523 25 USA

Zip

Country

29 33526-0217 30 USA

9. Name and Address of Current Registered Agent

FRAZIER, JAMES K.  
27100 HICKORY HILL RD.  
BROOKSVILLE FL 34602

10. Name and Address of New Registered Agent

81 Name

FRAZIER, JAMES K.

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

33523 JESSAMINE RD.

83

84 City

DADE CITY

FL

85 Zip Code

33523

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 D  
NAME FRAZIER, JAMES K.  
STREET ADDRESS 27100 HICKORY HILL RD  
CITY-ST-ZIP BROOKSVILLE FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT  
1.2 NAME FRAZIER, JAMES K.  
1.3 STREET ADDRESS 33523 JESSAMINE RD.  
1.4 CITY-ST-ZIP DADE CITY, FL 33523

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE

JAMES K. FRAZIER

1-25-99 (352) 588-0693

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)