SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M88766

(4)

FRAZIER LAND COMPANY

FILED

97 JUL 31 PM 1:52

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Suite, Apt. #, etc. 27 City & State City & State Country 28 Zip Country 28 Zip Country 29 30 S. Name and Address of Current Registered Agent PRAZIER, ALAN N 804 S. EDISON AVENUE TAMPA FL 33806 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statulos, the above-named corporation submits this statement for the purpose of changing its region office or registered agent, or both, in the State of Torida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as page agent. I am familiar, with, and accept the obligations of Section 607.0505, Florida Statulos. SIGNATURE OF I ICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. NAME SIRRET ADDRESS CITY. ST. Zip Change CITY. ST. Zip RAMPA, FL 33814 TILLE DELETE 21 TILLE AMME STREET ADDRESS CITY. ST. Zip RAMPA, FL 33814 TILLE DELETE 21 TILLE AMME STREET ADDRESS CITY. ST. Zip RAMPA, FL 33814 TILLE AMME STREET ADDRESS CITY. ST. Zip RAMPA, FL 33814 TILLE AMME STREET ADDRESS CITY. ST. Zip RAMPA, FL 33814 TILLE AMME STREET ADDRESS CITY. ST. Zip RAMPA, FL 33814 TILLE AMME STREET ADDRESS CITY. ST. Zip RAMPA, FL 33814 TILLE AMME STREET ADDRESS CITY. ST. Zip RAMPA, FL 33814 TILLE AMME STREET ADDRESS CITY. ST. Zip RAMPA, FL 33814 TILLE AMME STREET ADDRESS CITY. ST. Zip RAMPA, FL 33814 TILLE AMME STREET ADDRESS CITY. ST. Zip RAMPA, FL 33814 TILLE AMME STREET ADDRESS CITY. ST. Zip RAMPA, FL 33814 TILLE AMME STREET ADDRESS CITY. ST. Zip RAMPA, FL 33814 TILLE AMME STREET ADDRESS CITY. ST. Zip RAMPA, FL 33814 TILLE AMME STREET ADDRESS CITY. ST. Zip RAMPA, FL 33814 TILLE AMME STREET ADDRESS CITY. ST. Zip RAMPA, FL 33814 TILLE AMME STREET ADDRESS CITY. ST. Zip RAMPA, FL 33814 TILLE AMME STREET ADDRESS CITY. ST. Zip RAMPA, FL 33814 TILLE AMME STREET ADDRESS CITY. ST. Zip RAMPA, FL 33814 TILLE AMME STREET ADDRESS CITY. ST. Zip RAMPA, FL 33814 TILLE AMME STREET ADDRESS CITY. ST. Zip RAMPA, FL 33814 TILLE AMME STREET ADDRESS CITY. ST. Zip RAMPA, FL 3			
TAMPA FL 3806 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc			
US 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 3. Election Campaign Financing 3. Botte, Aprl. #, etc. 3. Surie, Aprl. #, etc. 4. City #, etc.			
2. Principal Place of Business 2a. Mailing Address 3. FEI Number Applied Sp23106 Next Applied Next Applied Sp23106 Next Applied Next Applied Sp23106 Next Applied Sp23106 Next Applied Next Applied Sp23106 Next Applied Next Appli			
Suite, Apt. #, etc. Suite, Ap			
Suite, Apt. #, etc. Suite, Apt. #, etc.			
City & State City			
28 Zip Country Zip Country Restrict Contribution Added to Fe Added to Fe Added to Fe Zip Country Restrict Contribution Added to Fe Zip Z			
Zep 25 29 30 20 29 30 20 29 30 20 29 30 20 20 20 30 20 20 20	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
28			
10. Name and Address of New Registered Agent 10. Name 10.			
804 S. EDISON AVENUE TAMPA FL 33606 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 reg 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 page agent, and named with and accept the obligations of Section 607 0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THILE 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME 16. STREET ADDRESS 17. STREET ADDRESS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14 DITY-ST-ZIP 19. DELETE 19. DELETE 21. THILE 22. NAME 22. NAME 23. STREET ADDRESS 11. DELETE 31. THILE 32. NAME 40. DELETE 33. THILE 40. DELETE 34. CITY-ST-ZIP 10. Change 11. Change 12. Change 13. Change 14. DITY-ST-ZIP 10. Change 14. DELETE 34. CITY-ST-ZIP 10. Change 10. Change 11. Change 12. Change 13. Change 14. DITY-ST-ZIP 10. Change 14. DITY-ST-ZIP 10. Change 14. DITY-ST-ZIP 10. Change 10. Change 11. Change 12. Change 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14. DITY-ST-ZIP 14. DITY-ST-ZIP 15. Change 16. Change 17. Change 18. City-ST-ZIP 17. City-ST-ZIP 17. Change 18. City-ST-ZIP 17. City-ST-ZIP 17. Change 18. City-ST-ZIP 17. City-ST-Z	24		
804 S. EDISON AVENUE TAMPA FL 33806 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Socious 607 0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, a em tamiliar with and accept the obligations of Section 607 0505, Florida Statules. SIGNATURE SIGNATURE 12. Of FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. Pursuant to the provisions of Section 607 0505, Florida Statules, the above registered agent of the purpose of changing its registered agent, a em tamiliar with and accept the obligations of Section 607 0505, Florida Statules. SIGNATURE 12. Of FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THILE 13. SIRECT ADDRESS CITY ST-ZIP 14. CHANGE 14. CHTY-ST-ZIP 15. TITLE 16. DELETE 17. TITLE 18. DELETE 18. TITLE 18. DELETE 19. DELETE 21. TITLE 22. NAME 22. NAME 22. NAME 4. DELETE 19. Change	.01		
TAMPA FL 33606 88 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reg office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I horeby accept the appointment as agent. I am tamiliar, with, and accept the obligations of Section 607.05.05, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reg office or registered agent, or both, in the State of Florida Statutes agent. I am tamiliar with, and accept the obligations of Section 607.05.05, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reg office or registered when remistating. SIGNATURE 12. OF I ICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE DAME 14. STREET ADDRESS CITY-S1-ZIP TAMPA, FL 33614 15. STREET ADDRESS CITY-S1-ZIP DELETE 17. ITILE DELETE 17. ITILE DELETE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change	NWE		
11. Pursuant to the provisions of Sections 607.0502 and 607.0502 in deportation statutes. The above-named corporation submits this statement for the purpose of changing its region office or registered agent, or both, in the State of Florida Such charge was authorized by the corporation's board of directors. I horeby accept the appointment as ages agent, I am familiar with and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE INOTE Progressed Agent signature required when remissating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 11 TITLE DELETE 12 YAME 12 NAME 13 STREET ADDRESS CITY-ST-ZIP AMAPA, FL 33814 DELETE 14 CITY-ST-ZIP DELETE 21 TITLE DELETE 31 TITLE DELETE 32 STREET ADDRESS CITY-ST-ZIP DELETE 33 STREET ADDRESS CITY-ST-ZIP DELETE 34 CITY-ST-ZIP TITLE DELETE 35 TREET ADDRESS CITY-ST-ZIP TITLE DELETE 31 TITLE Change	700		
11. Pursuant to the provisions of Socions 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reg office or registered agont, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as popis agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILLE NAME FRAZIER, ALAN 12. NAME STREET ADDRESS CITY-ST-ZIP TILLE DELETE 13. STREET ADDRESS CITY-ST-ZIP TILLE DELETE 21. TILLE DELETE 22. NAME 22. NAME 400002-559804 -087/06/97-01096-027 ******165.00 ******165.00 ******165.00 ******165.00 ******165.00 Change Change Change Change TILLE AAME STREET ADDRESS CITY-ST-ZIP TILLE DELETE 31. TILLE AAME 32. NAME 33. STREET ADDRESS CITY-ST-ZIP TILLE AAME STREET ADDRESS CITY-ST-ZIP TILLE DELETE 41. TILLE Change Change Change Change			
11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reg 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 easily agent. I am familiar, with and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE	ode		
office or registered agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registagent. I am familiar with and accept the obligations of Section 607 0505, Florida Statutes. SIGNATURE S	registered		
SIGNATURE Common	gistered		
12. OFF ICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE Change Change Crys. 51-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE AAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE 21 TITLE 22 NAME 22 NAME 22 NAME 23 STREET ADDRESS CITY- ST-ZIP TITLE DELETE 31 TITLE AAME 32 NAME 33 STREET ADDRESS CITY- ST-ZIP TITLE AAME STREET ADDRESS CITY- ST-ZIP TITLE AAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE 31 TITLE AAME 32 NAME 33 STREET ADDRESS CITY- ST-ZIP TITLE DELETE 34 CITY- ST-ZIP TITLE Change Change Change Change Change	タワ		
DELETE			
NAME STREET ADDRESS 804 SOUTH EDISON AVENUE 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP TILLE DELETE 2.1 TILLE DELETE 2.3 STREET ADDRESS -08/06/97-01096-027 1.5 TILLE DELETE 3.1 TILLE DELETE 3.2 NAME 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP TILLE DELETE 3.5 TREET ADDRESS 3.6 CHY-ST-ZIP TILLE DELETE 3.6 Change DELETE 3.7 TILLE DELETE 3.7 TILLE DELETE 3.8 CHY-ST-ZIP TILLE DELETE 3.8 CHY-ST-ZIP TILLE DELETE 3.9 CHANGE DELETE DELETE 3.9 CHANGE DELETE DELETE DELETE 3.9 CHANGE DELETE	IN 12 Addition		
STREET ADDRESS SO4 SOUTH EDISON AVENUE 1.3 STREET ADDRESS 1.4 Gity-St-Zip	LI ABUMUN		
TAMPA, FL 33614 1.4 City-St-ZiP TAMPA, FL 33614 1.4 City-St-ZiP Change C]		
DELETE DELETE 2.1 TITLE DELETE Change DELETE DELETE Change DELETE Change DELETE Change DELETE DELETE Change			
NAME	Addition		
TITLE DELETE 3.1 TITLE Change	55		
TITLE DELETE 3.1 TITLE Change	27		
AAME 3.2 NAME	5.00		
3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	Addition		
CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change]		
TITLE DELETE 4.1 TITLE Change	İ		
	Addition		
NAME CONTRACTOR Addition			
STREET ADDRESS 43 STREET ADDRESS	n		
0.5	/		
CITY-ST-ZIP	Addition		
NAME 5.2 NAME	- '		
STREET ADDRESS 5.3 STREET ADDRESS			
CITY - ST - ZIP 5.4 CITY - S1 - ZIP			
	Addition		
NAME 6.2 NAME	ļ		
STREET ADDRESS 6.3 STREE1 ADDRESS			
CITY-ST-ZIP 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 it made under of lam 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.	er oath: that l		