FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 23, 1999 8:00 am Secretary of State 03-23-1999 90070 046 ***158.75

DOCUMENT # M88766	
FRAZIER LAND COMPANY) Tirbinen ibi tertekan ibin 1966 baha bika bika bika bika bika bika bika bik

Principal Place	of Business	Mailing Address			S SOBRESH SOL FORES FORE SOLES BILLS BILL BY SHELL BY SHOW BY BY SHOW BY BY SAN TO BE
804 SOUTH EDISON AVENUE TAMPA FL 33606		804 SOUTH EDISON AVENUE TAMPA FL 33606 US			DO NOT WRITE IN THIS SPACE
US		03			3. Dafe Incorporated or Qualifed 07/08/1988
2. Principal Pl	ace of Business	2a. Mailing Address	_		4. FEI Number Applied For
21		26			59-2923106 Not Applicable
- Suite, Apt.	#, etc	Suite, Apt. #, etc.	 		-5. Certificate of Status Desired
City & State	9	City & State		<u> </u>	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 30	Countr	y 	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
50. 1	TIED SIANINI		81	Name	ł
FRAZIER, ALAN N 804 S. EDISON AVENUE		82	Street Address (P.O. Box Number is Not Acceptable)		
TAMI	PA FL 33606		83	3	
			84	4 City	85 Zip Code
					· FL [
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 the if applicable (NOTE: Re	gistered Agr	ent signature require	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Р	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Frazier, Alan		1.2 NAME	:	
STREET ADDRESS	804 SOUTH EDISON AVENUE		1.3 STRE	ET ADDRESS	· .
CITY-ST-ZIP	TAMPA FL 33606		1.4 CITY-	ST-ZIP	,
TITLE		☐ DELETE	2.1 TITLE	1	Change Addition
NAME			2.2 NAME	:	
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CITY-ST-ZIP	<u> </u>	- Pariett	2,4 CITY		☐ Change ☐ Addition
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NAME			3.2 NAME		
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NAME				ET ADDRESS	
STREET ADDRESS			4.3 STRE		
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	1		5.2 NAME	l l	- - · ·
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP		1	5.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME THE	B. Comple	• •	6.2 NAME	<u> </u>	
STREET ADDRESS	Control of the second	,	6.3 STRE	ET ADDRESS	
CITY-ST-ZIP		· ·	6.4 CITY	ST-ZIP	

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: