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FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P24160 (4)
1. Corporation Name
NORMAN W. FRIES, INC.



Principal Place of Business
HWY 301 NORTH
P.O. BOX 428
CLAXTON GA 30417-0428

Mailing Address
HWY 301 NORTH
P.O. BOX 428
CLAXTON GA 30417-0428

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/03/1989

4. FEI Number

58-0703332

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 CD ☐ DELETE

NAME FRIES, NORMAN W., SR.
STREET ADDRESS P.O. BOX 428
CITY-ST-ZIP CLAXTON GA

TITLE VD ☐ DELETE

NAME FRIES, NORMAN W JR
STREET ADDRESS RT 1 BOX 234
CITY-ST-ZIP REGISTER GA

TITLE V ☐ DELETE

NAME GUNNELS, WAYNE
STREET ADDRESS 209 RALPH ST
CITY-ST-ZIP CLAXTON GA

TITLE TD ☐ DELETE

NAME USHER, PAMELA F.
STREET ADDRESS 16 COMMODORE COURT
CITY-ST-ZIP SAVANNAH GA

TITLE VD ☒ DELETE

NAME FRIES, STEVEN A.
STREET ADDRESS 100 TIFFANY COURT
CITY-ST-ZIP STATESBORO GA

TITLE AS ☒ DELETE

NAME GUNNELS, WAYNE
STREET ADDRESS 209 RALPH ST
CITY-ST-ZIP CLAXTON GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DS ☐ Change ☒ Addition

1.2 NAME DORIS S. FRIES
1.3 STREET ADDRESS ONE VARNADOE AVENUE
1.4 CITY-ST-ZIP CLAXTON, GA 30417

2.1 TITLE V ☐ Change ☒ Addition

2.2 NAME JERRY LANE
2.3 STREET ADDRESS 975 ODOM STREET
2.4 CITY-ST-ZIP MILLEN, GA 30442

3.1 TITLE CD ☒ Change ☐ Addition

3.2 NAME NORMAN W. FRIES, SR.
3.3 STREET ADDRESS ONE VARNADOE AVENUE
3.4 CITY-ST-ZIP CLAXTON, GA 30417

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
6.3 STREET ADDRESS
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.

SIGNATURE:

Wayne Gunnels

4/30/98

912-734-3181

CR2E034 (10/97)