

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  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90282 036 \*\*\*150.00

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1. Corporation Name

FRIAR & FRIAR, INC

Principal Place of Business

Mailing Address

11017 SAGINAW DR  
TEMPLE TERRACE  
FL 33617

11017 SAGINAW DR.  
TEMPLE TERRACE  
FL 33617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

4. ESI Number

Applied For

21 10410 ELENA LANE

26 10410 ELENA LANE

59-3168276

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

23 THONOTOSASSA FL

28 THONOTOSASSA FL

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

24 Zip Country

29 Zip Country

33592 USA

33592 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLEURY, ROBERT W.  
11017 SAGINAW DR  
TEMPLE TERRACE FL 33617

81 Name FLEURY, ROBERT W.

82 Street Address (P.O. Box Number is Not Acceptable)  
10410 ELENA LANE

83

84 City THONOTOSASSA FL 85 Zip Code 33592

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 Robert W. Fleury FLEURY, ROBERT W., SP

4/15/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SP ☐ DELETE  
NAME FLEURY, ROBERT W.  
STREET ADDRESS 11017 SAGINAW DR.  
CITY-ST-ZIP TEMPLE TERRACE FL 33617

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 10410 ELENA LANE  
1.4 CITY-ST-ZIP THONOTOSASSA FL 33592

TITLE VP ☐ DELETE  
NAME STASZAK, DENNIS E.  
STREET ADDRESS 3825 MARINER  
CITY-ST-ZIP WATERFORD, MI 48329

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

TITLE T ☐ DELETE  
NAME FLEURY, ANN M.  
STREET ADDRESS 11017 SAGINAW DR  
CITY-ST-ZIP TEMPLE TERRACE FL 33617

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 10410 ELENA LANE  
3.4 CITY-ST-ZIP THONOTOSASSA FL 33592

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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, with all other like empowered.

SIGNATURE: Robert W. Fleury FLEURY, ROBERT W., SP 4/15/99 813 982 2702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)